

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90042 005 \*\*\*\*50.00

**DOCUMENT # L04000093133**

1. Entity Name  
**SISKIND LEGAL SERVICES, LLC**



Principal Place of Business  
**525 S. FLAGLER DRIVE  
200  
WEST PALM BEACH, FL 33401**

Mailing Address  
**525 S. FLAGLER DRIVE  
200  
WEST PALM BEACH, FL 33401**

**60002000**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-2218118**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SISKIND, JEFFREY M  
525 SOUTH FLAGLER DRIVE  
200  
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

**JEFFREY M. SISKIND, ESQUIRE**

**6/12/07**  
DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SISKIND, JEFFREY M  
525 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JEFFREY M. SISKIND, ESQUIRE**

**6/12/07**  
Date

**561-832-7720**  
Daytime Phone #