

DOCUMENT# L05000000912

Entity Name: LAW OFFICES OF MARA SHLACKMAN, P.L.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHLACKMAN, MARA
Address: 757 SE 17TH STREET #309
City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARA SHLACKMAN

MGR

04/13/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date