## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

**DOCUMENT # L05000026793** 



FILED

Feb 21, 2006 8:00 am

Secretary of State 02-21-2006 90179 010 \*\*\*\*50.00 GOTTLIEB FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address 4932 SUNBEAM ROAD, SUITE 100 4932 SUNBEAM ROAD, SUITE 100 ~~~~~~~~ JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) 4. FEI Number -City & State -City & State Applied For 24-0109104 Not Applicable Zip Country Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHORSTEIN, MARK CPA Street Address (P.O. Box Number is Not Acceptable) 8265 BAYBERRY ROAD JACKSONVILLE, FL 32256 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. DPST ☐ Addition TITLE Delete TITLE ☐ Change GOTTLIEB, MELVIN NAME NAME STREET ADDRESS 4932 SUNBEAU RD. STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ACKSONVILLE, FL ☐ Addition TITLE Delete TEST E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TIELE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.