


DOCUMENT # L05000026793					
1. Entity Name GOTTLIEB FINANCIAL SERVICES, LLC					
Principal Place of Business 4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257			Mailing Address 4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					Name SHORSTEIN, MARK CPA 8265 BAYBERRY ROAD JACKSONVILLE, FL 32256
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Filing Fee Is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GOTTLIEB, MELVIN 4932 SUNBEAM RD. JACKSONVILLE, FL 32257			<input type="checkbox"/> Delete	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 687, F.S.					
SIGNATURE: <i>Melvin Gottlieb</i> MELVIN GOTTLIEB					