

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-0109104	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHORSTEIN, MARK CPA
 8265 BAYBERRY ROAD
 JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

U00000778856
 01/11/08-80014-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GOTTLIEB, MELVIN 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257
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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: Melvin Gottlieb **MELVIN GOTTLIEB** 1/5/08 (904) 346-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #