

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051274

FILED
Apr 27, 2009
Secretary of State

Entity Name: ABELSON & LIU GROUP, LLC

Current Principal Place of Business:

2670 N. UNIVERSITY DR. SUITE 201
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

2670 N. UNIVERSITY DR.
201
SUNRISE, FL 33322 US

New Mailing Address:

2670 N. UNIVERSITY DR. SUITE 201
SUNRISE, FL 33322 US

FEI Number: 20-2888191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIU, WALTER
149 NW 93 AV
PEMBROKE PINES, FL 33024 US

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: MGRM () Delete
Name: LIU, WALTER
Address: 149 NW 93RD AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM () Delete
Name: ABELSON, SCOTT A
Address: 3550 GALT OCEAN DR #1109
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WALTER LIU

MGR

04/27/2009

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