

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056267

Entity Name: LIPPMAN AND WEISS, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

5304 W. KENNEDY BLVD
SUITE 107
TAMPA, FL 33609

Current Mailing Address:

5304 W. KENNEDY BLVD
SUITE 107
TAMPA, FL 33609

New Principal Place of Business:

3900 WOODLAKE BLVD
SUITE 301
GREENACRES, FL 33463

New Mailing Address:

3900 WOODLAKE BLVD
SUITE 301
GREENACRES, FL 33463

FEI Number: 20-0957750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, NOAM
10433 ST. TROPEZ PLACE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

WEISS, NOAM
10297 MEDICIS PL
WELLINGTON, FL 33449 US

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: NOAM WEISS

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIPPMAN, ADAM
Address: 10427 ST. TROPEZ PLACE
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM () Delete
Name: WEISS, NOAM
Address: 10433 ST. TROPEZ PLACE
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LIPPMAN, ADAM
Address: 9755 QUINN CT
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change () Addition
Name: WEISS, NOAM
Address: 10297 MEDICIS PL
City-St-Zip: WELLINGTON, FL 33449 US

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: NOAM WEISS

MGRM

02/13/2009

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