

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081833

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** DEBORAH JOZWIAK LMT, CT, LLC

**Current Principal Place of Business:**

7840 GLADES ROAD  
150  
BOCA RATON, FL 33434

**New Principal Place of Business:**

3365 BURNS ROAD SUITE 202  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

7840 GLADES ROAD  
150  
BOCA RATON, FL 33434

**New Mailing Address:**

3365 BURNS ROAD SUITE 202  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 13-4305405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOZWIAK, DEBORAH L  
7840 GLADES ROAD  
150  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

STROMER, DEBORAH L  
3365 BURNS ROAD SUITE 202  
PALM BEACH GARDENS, FL 33410 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: DEBORAH LYNN STROMER

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOZWIAK, DEBORAH L  
Address: 7840 GLADES ROAD, SUITE 150  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STROMER, DEBORAH L  
Address: 3365 BURNS ROAD SUITE 202  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DEBORAH LYNN STROMER

CEO

04/15/2009

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