

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004196

Entity Name: LISA GOTTESMAN LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

12278 COUNTRY DAY CIRCLE
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

12278 COUNTRY DAY CIRCLE
FORT MYERS, FL 33913 US

New Mailing Address:

FEI Number: 02-0764593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOTTESMAN, LISA
2314 SE 20TH AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

GOTTESMAN, LISA
12278 COUNTRY DAY CIRCLE
FORT MYERS, FL 33913 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: LISA GOTTESMAN

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOTTESMAN, LISA
Address: 2314 SE 20TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOTTESMAN, LISA
Address: 12278 COUNTRY DAY CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR () Change (X) Addition
Name: GOTTESMAN, OREN
Address: 12278 COUNTRY DAY CIRCLE
City-St-Zip: FORT MYERS, FL 33913 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: OREN GOTTESMAN

MGR

05/01/2008

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