

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043331

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** PAMELA HIGER POLANI, ATTORNEY AT LAW, LLC

**Current Principal Place of Business:**

22495 GROUPER COURT  
BOCA RATON, FL 33426

**New Principal Place of Business:**

22495 GROUPER COURT  
BOCA RATON, FL 33428

**Current Mailing Address:**

22495 GROUPER COURT  
BOCA RATON, FL 33426

**New Mailing Address:**

22495 GROUPER COURT  
BOCA RATON, FL 33428

**FEI Number:** 77-0668632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGER POLANI, PAMELA  
22495 GROUPER COURT  
BOCA RATON, FL 33426 US

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

HIGER POLANI, PAMELA  
22495 GROUPER COURT  
BOCA RATON, FL 33428 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:**

02/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HIGER POLANI, PAMELA  
**Address:** 22495 GROUPER COURT  
**City-St-Zip:** BOCA RATON, FL 33426

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HIGER POLANI, PAMELA  
**Address:** 22495 GROUPER COURT  
**City-St-Zip:** BOCA RATON, FL 33428

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:** PAMELA HIGER POLANI, ATTORNEY AT LAW

DR.

02/26/2009

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