

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052112

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** GROUND FLOOR CONSULTANTS, LLC

**Current Principal Place of Business:**

15583 GLENCREST AVE.  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

15583 GLENCREST AVE.  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 20-4904060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDFARB, JIM  
4794 N. CITATION DRIVE  
APT 206  
DELRAY BEACH, FL 33445 US

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

GOLDFARB, JAMES  
15583 GLENCREST AVENUE  
DELRAY BEACH, FL 33446 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:** JAMES GOLDFARB

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GOLDFARB, JIM  
**Address:** 4794 N. CITATION DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** GOLDFARB, JAMES  
**Address:** 15583 GLENCREST AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33446

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:** JAMES GOLDFARB

PRES

04/19/2009

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