

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081084

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** HECHTMAN KLERSFELD FAMILY LLC

**Current Principal Place of Business:**

6629 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

6629 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 20-5391475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HECHTMAN, SHELDON  
6629 GRANDE ORCHID WAY  
DELRAY BEACH, FL 33446 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HECHTMAN, SHELDON  
**Address:** 6629 GRANDE ORCHID WAY  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

**Title:** MGRM  
**Name:** KLERSFELD, ELLEN  
**Address:** 6629 GRANDE ORCHID WAY  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

I hereby 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:** SHELDON HECHTMAN

MGRM

01/05/2010

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