

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000123072

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** MOSCHELL AND MOSCHELL, P.L.

**Current Principal Place of Business:**

19 WEST FLAGLER STREET, SUITE 1209  
MIAMI, FL 331304410

**New Principal Place of Business:**

19 WEST FLAGLER STREET  
SUITE 1209  
MIAMI, FL 331304410

**Current Mailing Address:**

19 WEST FLAGLER STREET, SUITE 1209  
MIAMI, FL 331304410

**New Mailing Address:**

19 WEST FLAGLER STREET  
SUITE 1209  
MIAMI, FL 331304410

**FEI Number:** 59-2351576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSCHELL, ROBERT S  
19 WEST FLAGLER STREET, SUITE 1209  
MIAMI, FL 331304410 US

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

MOSCHELL, ROBERT S  
19 WEST FLAGLER STREET  
SUITE 1209  
MIAMI, FL 331304410 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:

04/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOSCHELL, ROBERT S  
Address: 19 WEST FLAGLER STREET, SUITE 1209  
City-St-Zip: MIAMI, FL 331304410

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: ROBERT S MOSCHELL

MGRM

04/02/2010

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