

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122657

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** ASKIN CONSULTING SERVICES, LLC.

**Current Principal Place of Business:**

3166 NW 114TH AVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3166 NW 114TH AVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-1542732      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:**

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

ASKIN, IRVING R  
IRVING RONALD ASKIN  
3166 NW 114TH AVE  
CORAL SPRINGS, FL 33065 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASKIN, IRVING R  
Address: 3166 NW 114TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: ASKIN, RISA CANTOR  
Address: 3166 NW 114TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRVING R ASKIN

MGRM

06/15/2009

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