

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124189

FILED
Jan 20, 2009
Secretary of State

Entity Name: SILVERMAN COSGROVE & SAMMATARO, LLC

Current Principal Place of Business:

2 S. BISCAYNE BLVD.
SUITE 2650
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2 S. BISCAYNE BLVD.
SUITE 2650
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 26-1569722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, LAWRENCE
2 S. BISCAYNE BLVD.
SUITE 2650
MIAMI, FL 33131 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 () Delete
Name: SILVERMAN, LAWRENCE
Address: 10725 GRIFFING BLVD.
City-St-Zip: BISCAYNE PARK, FL 33161 US

Title: MGRM () Delete
Name: SAMMATARO, JAMES
Address: 231 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: COSGROVE, SCOTT
Address: 6600 LEONARDO STEET
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

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

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: LAWRENCE SILVERMAN

MGRM

01/20/2009

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