

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002707

FILED
Apr 28, 2009
Secretary of State

Entity Name: LAW OFFICES OF JOSEPH M. LANDOLFI, JR., P.L.

Current Principal Place of Business:

6111 BROKEN SOUND PARKWAY N.W.
SUITE 330
BOCA RATON, FL 33487

New Principal Place of Business:

7805 NW BEACON SQUARE BLVD
SUITE 102
BOCA RATON, FL 33487

Current Mailing Address:

6111 BROKEN SOUND PARKWAY N.W.
SUITE 330
BOCA RATON, FL 33487

New Mailing Address:

7805 NW BEACON SQUARE BLVD
SUITE 102
BOCA RATON, FL 33487

FEI Number: 26-1709343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDOLFI, JOSEPH M JR.
6111 BROKEN SOUND PARKWAY N.W.
SUITE 330
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LANDOLFI, JOSEPH M JR.
7805 NW BEACON SQUARE BLVD
SUITE 102
BOCA RATON, FL 33487 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: JOSEPH M. LANDOLFI, JR., ESQ.

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANDOLFI, JOSEPH M JR.
Address: 6111 BROKEN SOUND PARKWAY N.W.
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LANDOLFI, JOSEPH M JR.
Address: 7805 NW BEACON SQUARE BLVD SUITE 102
City-St-Zip: BOCA RATON, FL 33487

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: JOSEPH M. LANDOLFI, JR.

MGRM

04/28/2009

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