

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024197

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: BRUECK,GOLOSOW & KIM, LLC

**Current Principal Place of Business:**

3700 CENTRAL AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3700 CENTRAL AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 26-2352161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JURSINKSI, KEVIN F ESQ  
7800 UNIVERSITY POINTE DRIVE, STE 200  
FORT MYERS, FL 33907 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BRUECK, ROBERT J  
Address: 3700 CENTRAL AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR ( ) Change (X) Addition  
Name: GOLOSOW, LORRAINE M  
Address: 3700 CENTRAL AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR ( ) Change (X) Addition  
Name: KIM, MICHAEL K  
Address: 3700 CENTRAL AVE  
City-St-Zip: FORT MYERS, FL 33901

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: MATT ASCHENBRENER

ADMI

04/16/2009

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