

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104151

Entity Name: KAUFMAN, ENGLETT & LYND, LLC

FILED
May 27, 2010
Secretary of State

Current Principal Place of Business:

151 WYMORE ROAD, STE. 2100
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

111 N MAGNOLIA AVE
#1500
ORLANDO, FL 32801

Current Mailing Address:

151 WYMORE ROAD, STE. 2100
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

111 N MAGNOLIA AVE
#1500
ORLANDO, FL 32801

FEI Number: 80-0305843 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:

KAUFMAN, JEFFREY S ESQ.
151 WYMORE ROAD, STE. 2100
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

KAUFMAN, JEFFREY S ESQ.
111 N MAGNOLIA AVE
#1500
ORLANDO, FL 32801 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

05/27/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KAUFMAN, JEFFREY S JR
Address: 111 N MAGNOLIA AVE #1500
City-St-Zip: ORLANDO, FL 32801

Title: MGRM
Name: KAUFMAN, JULIE F
Address: 111 N MAGNOLIA AVE #1500
City-St-Zip: ORLANDO, FL 32801

Title: MGRM
Name: ENGLETT, MATTHEW S
Address: 111 N MAGNOLIA AVE #1500
City-St-Zip: ORLANDO, FL 32801

Title: MGRM
Name: LYND, CRAIG R
Address: 111 N MAGNOLIA AVE #1500
City-St-Zip: ORLANDO, FL 32801

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: MATTHEW ENGLETT

MGRM

05/27/2010

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