

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010405

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** DAVID A. SHULMAN PROFESSIONAL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD SUITE 130-491  
SUITE 130-491  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

401 E. LAS OLAS BLVD  
SUITE 130-491  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E. LAS OLAS BLVD  
SUITE 130-491  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 27-1589597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHULMAN, DAVID A  
401 E. LAS OLAS BLVD SUITE 130-491  
130-491  
FORT LAUDERDALE, FL 33301 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  
Name: SHULMAN, DAVID A  
Address: 401 E. LAS OLAS BLVD SUITE 130-491  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: DAVID SHULMAN

MGRM

01/06/2011

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