

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020223

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** EFK MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

3111 LAKEVIEW BLVD.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

1420 RENAISSANCE WAY  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

3111 LAKEVIEW BLVD.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

1420 RENAISSANCE WAY  
BOYNTON BEACH, FL 33426

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KIST, ELYSE  
3111 LAKEVIEW BLVD.  
DELRAY BEACH, FL 33445    US

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

KIST, ELYSE  
1420 RENAISSANCE WAY  
BOYNTON BEACH, FL 33426    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

04/20/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KIST, ELYSE  
Address: 1420 RENAISSANCE WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM  
Name: GREENSPAN, SARA R  
Address: 1000 S. CATALINA #314  
City-St-Zip: REDONDO BEACH, CA 90277

Title: MGRM  
Name: GREENSPAN, MICHAEL E  
Address: 1000 S. CATALINA #314  
City-St-Zip: REDONDO BEACH, CA 90277

Title: MGRM  
Name: KIST, LINDSAY A  
Address: 1513 CROMER  
City-St-Zip: STATE COLLEGE, PA 16803

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: ELYSE KIST

MGR

04/20/2010

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