

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046017

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA TAX LIEN CERTIFICATES, LLC

**Current Principal Place of Business:**

2209 CAVESDALE ROAD  
OWINGS MILLS, MD 21117

**New Principal Place of Business:**

1605 MIDDLE GULF DR  
321  
SANIBEL, FL 33957

**Current Mailing Address:**

2209 CAVESDALE ROAD  
OWINGS MILLS, MD 21117

**New Mailing Address:**

**FEI Number:** 61-1596759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIPMAN, LISA H ESQ.  
5551 RIDGEWOOD DRIVE, STE. 101  
NAPLES, FL 34108 US

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

LIPMAN, M RONALD MGRM  
1605 MIDDLE GULF DR  
321  
SANIBEL, FL 33957 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: M RONALD LIPMAN

01/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: LIPMAN, M RONALD MGRM  
Address: 2209 CAVESDALE RD  
City-St-Zip: OWINGS MILLS, MD 21117 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: M RONALD LIPMAN

MR

01/21/2010

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