

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049389

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** NERVE PROTECTION SPECIALISTS LLC

**Current Principal Place of Business:**

313 SEPTEMBER STREET  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

2401 FRIST BOULEVARD  
SUITE 7  
FT. PIERCE, FL 34950 US

**Current Mailing Address:**

313 SEPTEMBER STREET  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

2401 FRIST BOULEVARD  
SUITE 7  
FT. PIERCE, FL 34950 US

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

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

LECHTNER, NEAL B ESQ.  
1985 S. OCEAN DRIVE  
HALLANDALE, FL 33009 US

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

KATZMAN, SCOTT  
2401 FRIST BOULEVARD  
SUITE 7  
FT. PIERCE, FL 34950 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: SCOTT KATZMAN

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KATZMAN ARMS ANTIQUES AND FURNITURE, LLC  
Address: 2401 FRIST BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 34950

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: KATZMAN ARMS, ANTIQUES, AND FURNITURE, LLC

MGR

04/27/2010

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