

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078471

Entity Name: LACHS CAPITAL, LLC

**FILED**  
**May 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY SUITE 200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

951 BROKEN SOUND PKWY  
SUITE 200  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

951 BROKEN SOUND PKWY SUITE 200  
BOCA RATON, FL 33487

**New Mailing Address:**

951 BROKEN SOUND PKWY  
SUITE 200  
BOCA RATON, FL 33487 US

FEI Number: 27-0751759      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:**

PALMER, STEPHEN T  
1730 S FEDERAL HWY 296  
DELRAY BEACH, FL 33483 US

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

FARINACCI, GLENN R  
1730 S FEDERAL HWY  
SUITE #208  
DELRAY BEACH, FL 33483 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: GLENN R FARINACCI

05/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LACHS, JAMEN M  
Address: 951 BROKEN SOUND PKWY SUITE 200  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM  
Name: GENDASON, LOUIS  
Address: 951 BROKEN SOUND PKWY SUITE 200  
City-St-Zip: BOCA RATON, FL 33487

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: JAMEN M LACHS

MGRM

05/19/2010

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