

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001924

Entity Name: DALAN, KATZ & SIEGEL, P.L.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3533660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALAN, RICK
2633 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33759 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 () Delete
Name: DALAN, RICK ESQ.
Address: 2633 MCCORMICK DRIVE, SUITE 101
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM () Delete
Name: KATZ, JEFFREY M ESQ.
Address: 2633 MCCORMICK DRIVE, SUITE 101
City-St-Zip: CLEARWATER, FL 33759

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SIEGEL, MICHAEL D ESQ
Address: 2633 MCCORMICK DRIVE, SUITE 101
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICK DALAN

MGRM

01/16/2009

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