

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002040

Entity Name: WOLFSDORF ASSOCIATES, LLC

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

ONE GROVE ISLE DRIVE  
APT. 804  
COCONUT GROVE, FL 33133 US

## New Principal Place of Business:

## Current Mailing Address:

ONE GROVE ISLE DRIVE  
APT. 804  
COCONUT GROVE, FL 33133 US

## New Mailing Address:

ONE GROVE ISLE DRIVE  
APT. 804  
COCONUT GROVE, FL 33133 US

FEI Number: 65-0922329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFSDORF, JACK DR.  
ONE GROVE ISLE DRIVE  
#804  
COCONUT GROVE, FL 33133 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: WOLFSDORF, JACK  
Address: ONE GROVE ISLES DRIVE APT. 804  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: WOLFSDORF, KAREN  
Address: 2008 WYNDAMERE LANE  
City-St-Zip: PARIS, KY 40361

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WOLFSDORF, JACK  
Address: ONE GROVE ISLE DRIVE APT. 804  
City-St-Zip: COCONUT GROVE, FL 33133

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

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: JACK WOLFSDORF, MD

DR

01/07/2009

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