

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000865

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ETHEL A. FURMAN & ASSOCIATES, L.C.

**Current Principal Place of Business:**

3590 SOUTH OCEAN BLVD., #203  
PALM BEACH, FL 33480

**New Principal Place of Business:**

3590 SOUTH OCEAN BLVD.,  
#203  
PALM BEACH, FL 33480 UN

**Current Mailing Address:**

3590 SOUTH OCEAN BLVD., #203  
PALM BEACH, FL 33480

**New Mailing Address:**

3590 SOUTH OCEAN BLVD.,  
#203  
PALM BEACH, FL 33480 UN

**FEI Number:** 65-0895590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FURMAN, ETHEL A  
3590 SOUTH OCEAN BLVD., #203  
PALM BEACH, FL 33480 US

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

FURMAN, ETHEL A  
3590 SOUTH OCEAN BLVD.,  
#203  
PALM BEACH, FL 33480 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: ETHEL A. FURMAN

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FURMAN, ETHEL A  
Address: 3590 SOUTH OCEAN BLVD., #203  
City-St-Zip: PALM BEACH, FL 33480

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: ETHEL A. FURMAN

MS.

01/05/2012

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