

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # m 97 000000884

1. Entity Name

Comprehensive Planning - Goodman, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6900 Jericho Tpke - Suite 208

3. Mailing Address
6900 Jericho Tpke

Suite, Apt. #, etc.

Suite, Apt. #, etc.
208

DO NOT WRITE IN THIS SPACE

City & State
Syosset, NY

City & State
Syosset, New York

4. FEI Number
11-3240958

Applied For
Not Applicable

Zip
11791

Country
USA

Zip
11791

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Herbert L. Rough

Street Address (P.O. Box Number is Not Acceptable)
16353 Fern Drive

City
Fort Lauderdale

FL Zip Code
33326

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEES IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

000000288782
04/05/05-80029-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Rough Agency of Florida Inc.
16353 Fern Drive
Fort Lauderdale, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
MDL Planning Inc.
44 Saddle Lane
Roslyn Heights, NY 11577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Philip Goodman Agency Inc.
17 South Drive
Roslyn, New York 11576

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Island Brokerage Corp.
35 Sutton Place
New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

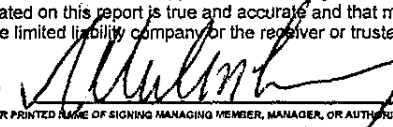
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Mark Levy - Manager

3/21/2005

516-364-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2083B (12/02)