03-25-2008 90085 001 ****50.00
05-09-2008 90061 050 ***377.50

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08 JUN 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA
60040401

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000884

1. Entity Name

Comprehensive Planning - Goodman, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6900 Jericho Tpke - Suite 208	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Syosset, NY	City & State
Zip: 11791 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3240958 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HERBERT ROUGH

Street Address (P.O. Box Number is Not Acceptable): 16353 FERN DR.

City: FT. 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 _____ 3-20-08

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

FEE IS $ 60.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	TITLE	
NAME	MDL Planning Inc.	NAME	
STREET ADDRESS	44 Saddle Lane	STREET ADDRESS	
CITY-ST-ZIP	Roslyn, NY 11577	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Rough Agency of Florida, Inc.	NAME	
STREET ADDRESS	16353 Fern Drive	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33326	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Philip Goodman Agency, Inc.	NAME	
STREET ADDRESS	6900 Jericho Tpke	STREET ADDRESS	
CITY-ST-ZIP	Syosset, NY 11791	CITY-ST-ZIP	
TITLE	Managing Member	TITLE	
NAME	Island Brokerage Corp.	NAME	
STREET ADDRESS	35 Sutton Place	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

07,08

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)(i), 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 3/3/2008 516-364-7171

Signature and Typed or Printed Name of Member, Manager, Authorized Representative — Date — Daytime Phone #

[Illegible]