

03-25-2008 90085 001 ***50.00
05-09-2008 90061 050 ***377.50
M97000000884

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

DOCUMENT # M97000000884
1. Entity Name
Comprehensive Planning - Goodman, LLC

08 JUN 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60040401

DO NOT WRITE IN THIS SPACE

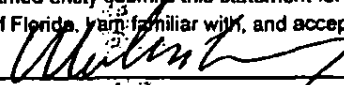
2. Principal Place of Business 6900 Jericho Tpke - Suite 208 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Syosset, NY		City & State		4. FEI Number 11-3240958	Applied For ☐ Not Applicable
Zip 11791	Country	Zip	Country	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 ROUGH	
	Street Address (P.O. Box Number is Not Acceptable) 16353 FERN DR.	
	City FT. LAUDERDALE	Zip Code FL 33326

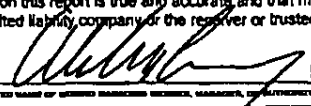
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **3-20-08**
Signature, typed or printed name of registered agent and title if applicable. DATE

REINSTATEMENT
FEB 15 2008
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member MDL Planning, Inc. 44 Saddle Lane Roslyn, NY 11577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member 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	Managing Member Philip Goodman Agency, Inc. 6900 Jericho Tpke Syosset, NY 11791	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Island Brokerage Corp. 35 Sutton Place New York, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 808, Florida Statutes.

SIGNATURE:  **Mark Levy - Manager** **3/3/2008** **516-364-7171**
Signature and typed or printed name of officer, managing member, manager, authorized representative Date Daytime Phone #