

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000063773

**Entity Name:** LAW OFFICE OF DAVID M. GOLDMAN PLLC

**Current Principal Place of Business:**

3733 UNIVERSITY BLVD. WEST  
SUITE 212B  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3733 UNIVERSITY BLVD. WEST  
SUITE 212B  
JACKSONVILLE, FL 32217

**FEI Number:** 26-2900567

**Certificate of Status Desired:** No

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

GOLDMAN, DAVID  
3733 UNIVERSITY BLVD. WEST  
SUITE 212B  
JACKSONVILLE, FL 32217 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDMAN, DAVID  
Address 3733 UNIVERSITY BLVD. WEST,  
SUITE 212B  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GOLDMAN

MGR

01/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date