

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027115

**Entity Name:** BLRE, LLC

**Current Principal Place of Business:**

1575 50TH STREET  
SUITE 201  
BROOKLYN, NY 11219

**Current Mailing Address:**

1575 50TH STREET  
SUITE 201  
BROOKLYN, NY 11219

**FEI Number:** 20-0128782

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SCHARF, MANUEL  
Address 1575 50TH STREET, SUITE 201  
City-State-Zip: BROOKLYN NY 11219

Title MANAGER  
Name SHAULSON, ABRAHAM  
Address 10800 BISCAYNE BOULEVARD  
#600  
City-State-Zip: MIAMI FL 33161

*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:** MANUEL SCHARF

MGR

01/09/2017

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

\_\_\_\_\_  
Date