

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085750

**Entity Name:** BROWARD GP, LLC

**Current Principal Place of Business:**

C/O FRAN SHAPIRO  
3861 NORTH 31 TERRACE  
HOLLYWOOD, FL 33021

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**5143971226CC**

**Current Mailing Address:**

CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE 1040  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-1971998

**Certificate of Status Desired:** No

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

SHAPIRO, FRANCES  
CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE 1040  
CORAL GABLES, FL 33134 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:** FRANCES SHAPIRO

02/14/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP, DIRECTOR  
Name BEDZOW, MICHAEL  
Address CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE  
1040  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, TREASURER,  
DIRECTOR, MANAGER  
Name SHAPIRO, FRANCES  
Address CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE  
1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP, DIRECTOR  
Name FEINGOLD, ESTHER  
Address CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE  
1040  
City-State-Zip: CORAL GABLES FL 33134

Title VP, SECRETARY, DIRECTOR  
Name BEDZOW, SARA  
Address CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE  
1040  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN, DIRECTOR  
Name BEDZOW, CHARLES  
Address CHERRY BEKAERT LLP  
2525 PONCE DE LEON BLVD SUITE  
1040  
City-State-Zip: CORAL GABLES FL 33134

*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:** FRANCES SHAPIRO

**PRESIDENT**

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date