

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113933

**Entity Name:** ABER FAMILY LLC

**Current Principal Place of Business:**

188 ALBEMARLE ROAD  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

188 ALBEMARLE ROAD  
WHITE PLAINS, NY 10605

**FEI Number:** 20-8014499

**Certificate of Status Desired:** No

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

BLAKEMAN, RICHARD R  
20283 STATE ROAD 7  
SUITE 400E  
BOCA RATON, FL 33498 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 ABER, JUDAH  
Address 188 ALBEMARLE ROAD  
City-State-Zip: WHITE PLAINS NY 10605

*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:** JUDAH ABER

**MANAGER**

**01/06/2015**

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

\_\_\_\_\_  
Date