

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107894

**Entity Name:** 109 STERNS ST., LLC

**Current Principal Place of Business:**

% MARILYN EFRON  
1005 DEL HARBOUR DRIVE  
DELRAY BEACH, FL 33483

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC4391640464**

**Current Mailing Address:**

% MARILYN EFRON  
1005 DEL HARBOUR DRIVE  
DELRAY BEACH, FL 33483

**FEI Number:** 35-2341780

**Certificate of Status Desired:** No

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

DANIELS, STEVEN LESQ.  
ARNSTEIN & LEHR LLP  
515 N. FLAGLER DRIVE, 6TH FLOOR  
WEST PALM BEACH, FL 33401 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 MGRM  
Name EFRON, MARILYN  
Address 1005 DEL HARBOUR DRIVE  
City-State-Zip: DELRAY BEACH FL 33483

Title MG  
Name EFRON, JASON B  
Address 1005 DEL HARBOUR DR  
City-State-Zip: DELRAY BEACH FL 33483

Title MG  
Name EFRON, JEREMY D  
Address 1005 DEL HARBOUR DR  
City-State-Zip: DELRAY BEACH FL 33483

*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:** MARILYN EFRON

**MGRM**

**04/11/2018**

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

\_\_\_\_\_  
Date