

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000111713

**Entity Name:** KIRSNER ASSOCIATES - T.L., LLC

**Current Principal Place of Business:**

34 STAR ISLAND  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

5100 TOWN CENTER CIRCLE, SUITE 400  
ATTN: MARVIN KIRSNER  
BOCA RATON, FL 33486

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KIRSNER, MARVIN A  
5100 TOWN CENTER CIRCLE  
SUITE 400  
BOCA RATON, FL 33486 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 KIRSNER, HARRY M  
Address 9190 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title MGR  
Name KIRSNER, STEVEN A  
Address 912 HIALEAH STREET  
City-State-Zip: ROCKLEDGE FL 32955-6109

Title MGR  
Name KIRSNER, MARVIN A  
Address 5100 TOWN CENTER CIRCLE, SUITE 400  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name GOLDBERG, DIANE KOVENS  
Address 11410 S.W. 95TH AVENUE  
City-State-Zip: MIAMI FL 33176

Title MGR  
Name KIRSNER, RONALD M  
Address 221 GNARLED OAKS DRIVE  
City-State-Zip: PONTE VEDRA FL 32802

*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:** MARVIN A. KIRSNER

**MANAGER**

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date