

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002152

**Entity Name:** BRITH SHOLOM LLC

**Current Principal Place of Business:**

3939 CONSHOHOCKEN AVE  
BRITH SHOLOM SENIOR HOUSING  
PHILADELPHIA, PA 19131

**Current Mailing Address:**

400 N FERNCREEK AVE  
LAW OFFICE MARIO A GARCIA  
ORLANDO, FL 32803

**FEI Number:** 27-4418192

**Certificate of Status Desired:** No

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

MARIO A GARCIA PA  
400 N FERNCREEK AVE  
LAW OFFICE MARIO A GARCIA  
ORLANDO, FL 32803 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 BRITH SHOLOM FOUNDATION  
Address 3939 CONSHOHOCKEN AVE  
City-State-Zip: PHILADELPHIA PA 19131

Title MGR  
Name CAMACHO, JOSE L  
Address 157 E NEW ENGLAND AVE, STE 402  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name CRISAFI, ESTEFANO  
Address 157 E NEW ENGLAND AVE, STE 402  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name LAFONT, CARLOS M  
Address 157 E NEW ENGLAND AVE, STE 402  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name LAFONT, JUAN J  
Address 157 E ENGLAND AVE, STE 402  
City-State-Zip: WINTER PARK FL 32789

*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:** JOSE CAMACHO

**MGR**

**02/23/2015**

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

\_\_\_\_\_  
Date