

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000048858

**Entity Name:** WOLFSON BRAEMER ISLE, LLC

**Current Principal Place of Business:**

4740 S. OCEAN BLVD., UNIT 309  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

131 PARKWAY DR N  
COMMACK, NY 11725 US

**FEI Number:** 90-0648064

**Certificate of Status Desired:** No

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

WOLFSON, HYMAN W  
4740 SOUTH OCEAN BLVD #309  
HIGHLAND BEACH, FL 33487 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:** HYMAN W WOLFSON

01/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGR                           | Title           | MGR                           |
| Name            | WOLFSON, HYMAN W              | Name            | WOLFSON, DEBORAH S            |
| Address         | 4740 S. OCEAN BLVD., UNIT 309 | Address         | 4740 S. OCEAN BLVD., UNIT 309 |
| City-State-Zip: | HIGHLAND BEACH FL 33487       | City-State-Zip: | HIGHLAND BEACH FL 33487       |

*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:** HYMAN W WOLFSON

**CO MANAGER**

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date