

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066814

**Entity Name:** 4819 OKARA RD. LLC

**Current Principal Place of Business:**

C/O WOLF HALDNESTEIN, ET AL.  
270 MADISON AVENUE, 9TH FLOOR  
NEW YORK, NY 10016

**Current Mailing Address:**

C/O WOLF HALDNESTEIN, ET AL.  
270 MADISON AVENUE, 9TH FLOOR  
NEW YORK, NY 10016

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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	Title	MGRM
Name	PULS, THOMAS BII	Name	SCHWARTZ, JEFFREY M
Address	100 UNITED NATIONS PLAZA, UNIT 23 -E	Address	270 MADISON AVENUE, 9TH FLOOR
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW YORK NY 10017

*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:** JEFFREY M. SCHWARTZ

**MANAGING MEMBER**

**02/28/2014**

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

\_\_\_\_\_  
Date