

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000101742

Entity Name: CLARIDGE HOUSE ASSOCIATES LLC**Current Principal Place of Business:**2415 STIRLING RD
FT LAUDERDALE, FL 33312**Current Mailing Address:**2415 STIRLING RD
FT LAUDERDALE, FL 33312 US**FEI Number:** 45-3947511**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLANDER, AARON
2415 STIRLING RD
FT LAUDERDALE, FL 33312 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 | RAJCHENBACH, JACK |
| Address | 6633 NORTH LINCOLN |
| City-State-Zip: | LINCOLNWOOD IL 60712 |

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|-----------------|----------------------|
| Title | MGR |
| Name | RAJCHENBACH, CHAIM |
| Address | 6633 NORTH LINCOLN |
| City-State-Zip: | LINCOLNWOOD IL 60712 |

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|-----------------|----------------------|
| Title | MGR |
| Name | HOLLANDER, MARK |
| Address | 6633 NORTH LINCOLN |
| City-State-Zip: | LINCOLNWOOD IL 60712 |

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|-----------------|------------------------|
| Title | MGR |
| Name | HOLLANDER, AARON |
| Address | 2415 STIRLING RD |
| City-State-Zip: | FT LAUDERDALE FL 33312 |

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: AARON HOLLANDER

MGR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date