

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000028014

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC1948591149**

**Entity Name:** GREENWALD DAVIDSON RADBIL PLLC

**Current Principal Place of Business:**

5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33431

**Current Mailing Address:**

5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33431

**FEI Number:** 45-4651963

**Certificate of Status Desired:** No

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

DAVIDSON, JAMES L  
5550 GLADES ROAD  
SUITE 500  
BOCA RATON, FL 33431 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 GREENWALD, MICHAEL L  
Address 5550 GLADES ROAD, SUITE 500  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name DAVIDSON, JAMES L  
Address 5550 GLADES ROAD, SUITE 500  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name RADBIL, AARON D  
Address 5550 GLADES ROAD SUITE 500  
City-State-Zip: BOCA RATON FL 33431

*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:** JAMES L. DAVIDSON

**MANAGING MEMBER**

**01/19/2015**

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

\_\_\_\_\_  
Date