

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066586

**Entity Name:** LSBK06-08, L.L.C.**Current Principal Place of Business:**215 VIA DEL MAR  
PALM BEACH, FL 33480**Current Mailing Address:**C/O SILVERMAN GROUP  
195 MORRISTOWN ROAD  
BASKING RIDGE, NJ 07920 US**FEI Number:** 20-8067445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLMER, BRENT GESQ.  
712 US HIGHWAY ONE, STE. 400  
NORTH PALM BEACH, FL 33408 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            | SILVERMAN, KENNETH  |
| Address         | 215 VIA DEL MAR     |
| City-State-Zip: | PALM BEACH FL 33480 |

|                 |                     |
|-----------------|---------------------|
| Title           | MGRM                |
| Name            | SILVERMAN, BLAKE    |
| Address         | 215 VIA DEL MAR     |
| City-State-Zip: | PALM BEACH FL 33480 |

|                 |                   |
|-----------------|-------------------|
| Title           | MANAGING MEMBER   |
| Name            | SEIDMAN, LAWRENCE |
| Address         | 19 VETERI PLACE   |
| City-State-Zip: | WAYNE NJ 07470    |

*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:** LAWRENCE SEIDMAN**MEMBER****01/22/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date