

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000125355

**Entity Name:** MADANES MSB LLC

**Current Principal Place of Business:**

1A REIMER ROAD  
SCARSDALE, NY 10583

**Current Mailing Address:**

1A REIMER ROAD  
SCARSDALE, NY 10583 US

**FEI Number:** 46-1228413

**Certificate of Status Desired:** No

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

BRONNER, BETH  
789 CRANDON BLVD.  
KEY BISCAYNE, FL 33149 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 BRONNER, BETH  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

Title MGRM  
Name BRONNER, FRANCES  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

Title MGRM  
Name BRONNER, SCOTT  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

Title MGRM  
Name MADANES, AMOS  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

Title MGRM  
Name BRONNER, ABRAHAM  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

Title MGRM  
Name MINTZIS, MEDWIN  
Address 1912 N. HUDSON AVENUE  
City-State-Zip: CHICAGO IL 60614

*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:** SCOTT BRONNER

**MEMBER**

**03/03/2024**

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

\_\_\_\_\_  
Date