

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000112985

**Entity Name:** CR ARBOUR LLC

**Current Principal Place of Business:**

192 LEXINGTON AVE.  
SUITE 901  
NEW YORK, NY 10016

**Current Mailing Address:**

192 LEXINGTON AVE.  
SUITE 901  
NEW YORK, NY 10016

**FEI Number:** 47-1367545

**Certificate of Status Desired:** No

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

KAMMERMAN, MARCY  
790 EAST BROWARD BLVD.  
SUITE 201  
FORT LAUDERDALE, FL 33301 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 AHARONI, AMRAM  
Address 192 LEXINGTON AVE. STE 901  
City-State-Zip: NEW YORK NY 10016

*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:** AMRAM AHARONI

**MANAGER**

**01/09/2015**

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

\_\_\_\_\_  
Date