

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000128666

**Entity Name:** GOLDBERG FAMILY PARTNERS LLC**Current Principal Place of Business:**1 NO. OCEAN BLVD. APT. 403  
BOCA RATON, FL 33432**Current Mailing Address:**1 NO. OCEAN BLVD. APT. 403  
BOCA RATON, FL 33432 US**FEI Number:** 47-4439036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDBERG, RONA  
1 NO. OCEAN BLVD. APT. 403  
BOCA RATON, FL 33432 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           | AMBR                       |
| Name            | GOLDBERG, MICHAEL          |
| Address         | 1 UNIVERSITY PLACE APT 12E |
| City-State-Zip: | NEW YORK NY 10003          |

|                 |                            |
|-----------------|----------------------------|
| Title           | AMBR                       |
| Name            | GOLDBERG, RONA             |
| Address         | 1 NO. OCEAN BLVD. APT. 403 |
| City-State-Zip: | BOCA RATON FL 33432        |

|                 |                       |
|-----------------|-----------------------|
| Title           | AMBR                  |
| Name            | KOHN, MARISSA         |
| Address         | 164 ELDRIDGE DR APT 3 |
| City-State-Zip: | NEW YORK NY 10003     |

|                 |                    |
|-----------------|--------------------|
| Title           | AMBR               |
| Name            | GOLDBERG, JACLYN   |
| Address         | 154 CARROLL STREET |
| City-State-Zip: | BROOKLYN NY 11231  |

*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:** RONA GOLDBERG**MEMBER****02/03/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date