

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159532

**Entity Name:** 9527 ARBOR VIEW, LLC

**Current Principal Place of Business:**

9527 ARBOR VIEW DRIVE NORTH  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

3711 SCADLOCK LANE  
SHERMAN OAKS, CA 91403 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEVINE, JEFFREY A  
6751 N FEDERAL HIGHWAY  
SUITE 301  
BOCA RATON, FL 33487 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 DAVIDSON, KIM G  
Address 3711 SCADLOCK LANE  
City-State-Zip: SHERMAN OAKS CA 91403

Title MGR  
Name GELLER, SCOTT  
Address 13878 PINE VILLA LANE  
City-State-Zip: FT. MYERS FL 33912

Title MGR  
Name GELLER, SHIRA  
Address 330 CALIFORNIA AVENUE, APT 103  
City-State-Zip: SANTA MONICA CA 90403

*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:** KIM G. DAVIDSON

**MANAGER**

**04/29/2015**

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

\_\_\_\_\_  
Date