

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000135844

**Entity Name:** ARBOR RESIDENTIAL MANAGEMENT LLC

**Current Principal Place of Business:**

455 NE 5TH AVE  
SUITE D-407  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

455 NE 5TH AVE  
SUITE D-407  
DELRAY BEACH, FL 33483 US

**FEI Number:** 81-3832487

**Certificate of Status Desired:** No

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

GRANOFSKY, MAX  
455 NE 5TH AVE  
SUITE D-407  
DELRAY BEACH, FL 33483 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:** MAX GRANOFSKY

01/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRANOFSKY, MAX  
Address 315 LAKE TER  
City-State-Zip: DELRAY BEACH FL 33444

*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:** MAX GRANOFSKY

MANAGER

01/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date