

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000138156

**Entity Name:** BRG AT EL CLAIR, LLC

**Current Principal Place of Business:**

951 NW 13TH STREET STE 1C  
BOCA RATON, FL 33486

**Current Mailing Address:**

951 NW 13TH STREET STE 1C  
BOCA RATON, FL 33486 US

**FEI Number:** 81-3353408

**Certificate of Status Desired:** No

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

KLEINMAN, JOSEPH H  
951 NW 13TH STREET  
SUITE 1C  
BOCA RATON, FL 33486 US

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**0310353004CC**

*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:** JOSEPH H. KLEINMAN

04/29/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KLEINMAN, JOSEPH H  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name NEEDELL, STEVEN D  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MGR  
Name BORZYKOWSKI, ROSS M  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name KHORIATY, GEORGE  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name RUDENSKY, DANIEL  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name SAADY, MATTHEW  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name SCHILLING, KATHY J  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name MAHAL, RAVINDER  
Address 951 NW 13TH STREET STE 1C  
City-State-Zip: BOCA RATON FL 33486

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*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:** JOSEPH H. KLEINMAN, MD

**REGISTERED AGENT**

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER

Name           POLLAK, YALE

Address        951 NW 13TH STREET STE 1C

City-State-Zip: BOCA RATON FL 33486