

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000146850

**Entity Name:** GOLDENBERG LITVAK GOLDENBERG**Current Principal Place of Business:**7433 QUEENS BLVD  
ELMHURST, NY 11373**Current Mailing Address:**16512 HUTCHISON RD  
ODESSA, FL 33556**FEI Number:** 82-2634937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDENBERG, HAIM  
16512 HUTCHISON RD  
ODESSA, FL 33556 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	Title	AMBR
Name	GOLDENBERG, HAIM	Name	GOLDENBERG, MICHAEL
Address	16512 HUTCHISON RD	Address	16512 HUTCHISON RD
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556
Title	AMBR	Title	AMBR
Name	GOLDENBERG, SHIMON	Name	LITVAK, SARA
Address	16512 HUTCHISON RD	Address	16512 HUTCHISON RD
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

*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:** HAIM GOLDENBERG

MANAGER LLC

04/30/2018

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