

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000198904

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**5144510498CC**

**Entity Name:** FERFELDT INVESTMENTS LLC

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DR STE 202  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

151 SAWGRASS CORNERS DR STE 202  
PONTE VEDRA, FL 32082 UN

**FEI Number:** 83-1646716

**Certificate of Status Desired:** No

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

THE FERBER COMPANY NORTH  
151 SAWGRASS CORNERS DR STE 202  
PONTE VEDRA, FL 32082 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 FERBER, PAUL S SR  
Address 151 SAWGRASS CORNERS DR STE 202  
City-State-Zip: PONTE VEDRA FL 32082

Title MGR  
Name FERBER, PAUL S JR  
Address 2655 NORTH OCEAN DR SUITE 401  
City-State-Zip: SINGER ISLAND FL 33404

Title MGR  
Name STEINFELDT, ERIC  
Address 194 MOUNT AIRY ROAD  
City-State-Zip: BASKING RIDGE NJ 07920

Title VP  
Name KLIPSTEIN, DAVID  
Address 194 MOUNT AIRY ROAD  
City-State-Zip: BASKING RIDGE NJ 07920

Title VP  
Name HOLLANDER, JUSTIN  
Address 194 MOUNT AIRY ROAD  
City-State-Zip: BASKING RIDGE NJ 07920

Title VP  
Name HENDERSON, SUZANNE  
Address 194 MOUNT AIRY ROAD  
City-State-Zip: BASKING RIDGE NJ 07920

*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:** PAUL S. FERBER

**MANAGING MEMBER**

**03/05/2019**

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

\_\_\_\_\_  
Date