

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000003789

**Entity Name:** 5112 MACARTHUR BLVD., LLC

**Current Principal Place of Business:**

301 SOUTH LAKESIDE DRIVE  
APT. #3  
LAKE WORTH, FL 33460

**Current Mailing Address:**

301 SOUTH LAKESIDE DRIVE  
APT. #3  
LAKE WORTH, FL 33460

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SABOL, CARY P ESQ.  
2875 SOUTH OCEAN BLVD.,  
SUITE 200  
PALM BEACH, FL 33480 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            AMBR  
Name            CHEN, SUCHEN C  
Address        301 SOUTH LAKESIDE DRIVE, APT. #3  
  
City-State-Zip: LAKE WORTH FL 33460

Title            AMBR  
Name            GOLFMAN, ROBERT S  
Address        301 SOUTH LAKESIDE DRIVE, APT. #3  
  
City-State-Zip: LAKE WORTH FL 33460

*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:** ROBERT S GOLFMAN

**MEMBER / OFFICER**

**06/17/2020**

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

\_\_\_\_\_  
Date