

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000006202

**Entity Name:** MURAD, LLC**Current Principal Place of Business:**700 SYLVAN AVE.  
ENGLEWOOD CLIFFS, NJ 07632**Current Mailing Address:**700 SYLVAN AVE.  
ENGLEWOOD CLIFFS, NJ 07632**FEI Number:** 47-4632327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP  
Name SCHWARTZ, DAVID  
Address 700 SYLVAN AVE.  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title VP, TREASURER  
Name POSTIAN, GREGORY  
Address 700 SYLVAN AVE.  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title ASST. TREASURER  
Name GARCIA, FABIAN  
Address 700 SYLVAN AVE  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title CEO, PRESIDENT  
Name SHIGEMASA, MICHELLE  
Address 700 SYLVAN AVE.  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title VICE PRESIDENT  
Name O'HARA, ERIN  
Address 700 SYLVAN AVE.  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title ASSISTANT SECRETARY  
Name CAVALIERE, NATALIE  
Address 700 SYLVAN AVE.  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

Title ASST. TREASURER  
Name REGENHARD, MARY  
Address 700 SYLVAN AVE  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

*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: MARY REGENHARD****TAX MANAGER****04/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date