

2016 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	PRESIDENT, CEO
Name	MURAD, RICHARD
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	ASSISTANT TREASURER
Name	SOLINGA, STEVE
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: STEVE SOLINGA

ASST. TREASURER

05/04/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date