

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90054 010 ****50.00

DOCUMENT # L01000011248

1. Entity Name

B.R. GREEN L.L.C.



Principal Place of Business

2040 POLK STREET
HOLLYWOOD FL 33020

Mailing Address

2040 POLK STREET
HOLLYWOOD FL 33020

2040 POLK ST.

2. Principal Place of Business

3. Mailing Address

1145 SATINLEAF ST.

Suite, Apt. #, etc.

HOLLYWOOD FL

Suite, Apt. #, etc.

HOLLYWOOD FL.

City & State

City & State

2nd MOORE

CR2E083 (5/05)

4. FEI Number

65-1130469

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, MICHAEL
2040 POLK ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

BERT GREENWALD

Street Address (P.O. Box Number is Not Acceptable)

1145 SATINLEAF ST.

City

HOLLYWOOD

FL

Zip Code

33019

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BERT GREENWALD

Bert Greenwald

8/4/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GREENWALD, BERTRAM
STREET ADDRESS 2040 POLK STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Bert Greenwald

8/4/05

954 926 7582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #