

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90007 011 ****50.00

DOCUMENT # L01000021735

1. Entity Name

SCHONFELD & SONS, L.L.C.

DO NOT WRITE IN THIS SPACE

824840

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD

18305 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 304

SUITE 304

City & State

City & State

AVENTURA - FLORIDA

AVENTURA - FLORIDA

Zip

Country

Zip

Country

33160

U.S.A

33160

U.S.A

4. FEI Number

22-3850110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID SCHONFELD

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

18305 BISCAYNE BLVD SUITE 304

AVENTURA

City

AVENTURA - FLORIDA

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. DAVID SCHONFELD - MGRM
18305 BISCAYNE BLVD
SUITE 304
AVENTURA - FLORIDA 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. LIZ BETH SCHONFELD - MGRM
18305 BISCAYNE BLVD
SUITE 304
AVENTURA - FLORIDA - 33160

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

David Schonfeld

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

Feb 14th

Date

(305) 6925354

Daytime Phone #

CR2E083B (12/01)