

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 017 ****55.00

DOCUMENT # L01000021735

1. Entity Name
SCHONFELD & SONS, L.L.C.



Principal Place of Business
**1590 NE 194TH ST.
N. MIAMI BEACH, FL 33179**

Mailing Address
**PO BOX 630850
MIAMI, FL 33163**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number

22-3050110

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHONFELD, DAVID
3331 NW 168 ST
MIAMI, FL 33056**

7. Name and Address of New Registered Agent

Name **SCHONFELD DAVID**

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

1590 NE 194 ST

City **MIAMI**

FL

Zip Code
33179

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 **D. Schonfeld**

MGRM.

04-30-2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **SCHONFELD, DAVID**
STREET ADDRESS **3331 NW 168 ST**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE **MGRM** ☒ Delete
NAME **SCHONFELD, LIZBETH**
STREET ADDRESS **3331 NW 168 ST.**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SCHONFELD DAVID**
STREET ADDRESS **1590 NE 194 ST**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SCHONFELD Lizbeth**
STREET ADDRESS **1590 NE 194 ST**
CITY-ST-ZIP **MIAMI FL 33179**

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **D. Schonfeld**

MGRM

04-30-2007

3059398516

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

Date

Daytime Phone #