

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021735

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** SCHONFELD & SONS, L.L.C.

**Current Principal Place of Business:**

1590 NE 194TH ST.  
1590  
N. MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1590 NE 194TH ST.  
1590  
N. MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 22-3050110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHONFELD, DAVID  
1590 NE 194TH ST  
1590  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHONFELD, DAVID  
Address: 1590 NE 194TH ST  
City-St-Zip: MIAMI, FL 33179

Title: MGRM  
Name: SCHONFELD, LIZBETH  
Address: 1590 NE 194TH ST  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID SCHONFELD

MGR

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date