

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005116

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** CLAUDE M. LOEWENTHAL & ASSOC., LLC

**Current Principal Place of Business:**

1338 SW 160TH AVE.  
SUNRISE, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1338 SW 160TH AVE.  
SUNRISE, FL 33326 US

**New Mailing Address:**

**FEI Number:** 75-3045644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOEWENTHAL, CLAUDE M  
3291 SW 135TH TERRACE  
DAVIE, FL 33330 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: MGR ( ) Delete  
Name: RESTREPO, GLORIA  
Address: 1338 SW 160TH AVE.  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** CLAUDE M. LOEWENTHAL

MGR

01/21/2009

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