

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000026112



1. Entity Name
SCHWARTZ UTAH, LLC

Principal Place of Business
**3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**3363 NE 171 STREET
NORTH MIAMI BEACH, FL 33160**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3069778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOENIGSBERG, JAY ESQUIRE
1101 BRICKELL AVENUE, SUITE 800-SOUTH
MIAMI, FL 33131**

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

SIGNATURE _____

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**

U00000687567
04/10/07-80043-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHWARTZ, DANIEL
3363 NE 171 ST
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHWARTZ, JAY
19500 TURNBERRY WAY 3C
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHWARTZ, CARRIE
481 GREENWICH ST #1B
NEW YORK, NY 10015**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 _____

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

3/21/07

Date

954-885-3721

Daytime Phone #