

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90356 035 \*\*\*\*50.00

**DOCUMENT # L05000029978**

1. Entity Name  
**HATZLACHA, LLC**



Principal Place of Business  
**2510 BLOSSOM LANE  
BEACHWOOD, OH 44122 US**

Mailing Address  
**2510 BLOSSOM LANE  
BEACHWOOD, OH 44122 US**

**40074816**



01212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SEGAL, WILLIAM J PA  
20801 BISCAYNE BOULEVARD  
304  
AVENTURA, FL 33180**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGR**  
NAME: **GEFEN FLORIDA, LLC**  
STREET ADDRESS: **2510 BLOSSOM LANE**  
CITY- ST- ZIP: **BEACHWOOD, OH 44122**

TITLE  
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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

**Jeffrey Pollack**

Date

Daytime Phone #

**1/28/07**