

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000029980

1. Entity Name

BRENTWOOD PATH, LLC



FILED
Sep 02, 2008 08:00 AM
Secretary of State



Principal Place of Business

2510 BLOSSOM LANE
BEACHWOOD OH 44122
US

Mailing Address

2510 BLOSSOM LANE
BEACHWOOD OH 44122
US

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

2nd MOORE

CR2E083 (4/08)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

FILE NOW!!! FEE IS \$538.75

**Make Check Payable to Florida Department of State
Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000958713
09/02/08-80002-023 138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

manager Nathan Pollack 8.19.08