

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099061

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** THE EIGLARSH FAMILY TRUST, LLC

**Current Principal Place of Business:**

1960 SOUTH GLADES DRIVE  
#4 (C/O HENRY)  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1960 SOUTH GLADES DRIVE  
#4 (C/O HENRY)  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 20-3590434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOEL, SANDERS CPA  
1301 SHOTGUN ROAD  
WESTON, FL 33326 US

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

JOEL, SANDERS CPA  
1301 SHOTGUN ROAD  
SUNRISE, FL 33326 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EIGLARSH, DAVID  
Address: 304 MALLARD RD  
City-St-Zip: WESTON, FL 33327

Title: MGRM  
Name: EIGLARSH, MARK  
Address: 3201 N 38 ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM  
Name: EIGLARSH, DOROTHY  
Address: 2579 MAYFAIR LN  
City-St-Zip: WESTON, FL 33327

Title: MGRM  
Name: EIGLARSH, LARRY  
Address: 2579 MAYFAIR LN  
City-St-Zip: WESTON, FL 33327

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 EIGLARSH

MGRM

04/30/2012

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