

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072789

Entity Name: RONALD FURST LLC

FILED  
May 14, 2009  
Secretary of State

**Current Principal Place of Business:**

168 NE 2ND AVENUE  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

168 NE 2ND AVENUE  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

2025 LAVERS CIRCLE  
DELRAY BEACH, FL 33444 US

FEI Number: 20-5357510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROSENTHAL, JEFFREY H  
7000 W. PALMETTO PARK ROAD  
SUITE 500  
BOCA RATON, FL 33433 US

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

FLAVIE, FURST  
2025 LAVERS CIRCLE  
SUITE 501-D  
DELRAY BEACH, FL 33444 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: FLAVIE FURST

05/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FURST, RONALD  
Address: 7000 W. PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FURST, RONALD  
Address: 2025 LAVERS CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33444 US

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: RONALD FURST

PRES

05/14/2009

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