

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000112347

Entity Name: BARRISTER INVESTMENT HOLDINGS, LLC

Current Principal Place of Business:

930 JEFFERSON STREET
APT. 2C
HOBOKEN, NJ 07030

FILED
Jan 16, 2018
Secretary of State
CC3527698960

Current Mailing Address:

930 JEFFERSON STREET
APT. 2C
HOBOKEN, NJ 07030 US

FEI Number: 46-1495170

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BOULEVARD
SUITE 508
MIAMI, FL 30084 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SALON, JOEL
Address 15 FARAWAY ROAD
City-State-Zip: ARMONK NY 10504

Title MGRM
Name NEWMAN, STUART
Address 5261 FIELDSTON ROAD
City-State-Zip: RIVERDALE NY 10471

Title MGRM
Name BROUDY, LOUIS
Address 100 VALLEY FORGE ROAD
City-State-Zip: WESTON CT 06883

Title MGRM
Name ROMEO, RICHARD P
Address 207 FOREST DRIVE
City-State-Zip: MOUNT KISCO NY 10549

Title MGRM
Name VOGEL, LIVIU
Address 257 LYONS PLAINS ROAD
City-State-Zip: WESTON CT 06883

Title MGRM
Name FULCO, JOHN PAUL
Address 118 LAUREL AVENUE
City-State-Zip: LARCHMONT NY 10538

Title MGRM
Name GOLDBERG, DANIEL
Address 59 GLENVIEW ROAD
City-State-Zip: SO. ORANGE NJ 07079

Title MGRM
Name GOTTLIEB, SETH
Address 930 JEFFERSON STREET
APT. 2C
City-State-Zip: HOBOKEN NJ 07030

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SETH GOTTLIEB

MANAGER

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date