

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000114937

**Entity Name:** BROKEN GLASS, LLC

**Current Principal Place of Business:**

2255 GLADES ROAD  
142W  
BOCA RATON, FL 33431

**Current Mailing Address:**

2255 GLADES ROAD  
142W  
BOCA RATON, FL 33431 US

**FEI Number:** 83-0629162

**Certificate of Status Desired:** No

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

BRITELL, JENNE K  
1233 N. GULFSTREAM AVENUE  
1403  
SARASOTA, FL 34236 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 MGR  
Name LEVINE, SAMANTHA B  
Address 90 PROSPECT PARK WEST  
City-State-Zip: BROOKLYN NY 11215

Title MGR  
Name SANDERS, PENNY B  
Address 169 BOONE SQUARE ST, 232  
City-State-Zip: HILLSBOROUGH NC 27278

*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:** SAMANTHA LEVINE

**MANAGER**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date