

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006612

**FILED  
Apr 20, 2017  
Secretary of State  
CC6192187686**

**Entity Name:** BRAMAN-LEIBOWITZ SERVICE AND PARTS LLC

**Current Principal Place of Business:**

2060 BISCAYNE BOULEVARD  
2ND FLOOR  
MIAMI, FL 33137

**Current Mailing Address:**

2060 BISCAYNE BOULEVARD  
2ND FLOOR  
MIAMI, FL 33137 US

**FEI Number:** 46-1500337

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MEMBER	Title	AUTHORIZED PERSON
Name	BRAMAN-LEIBOWITZ FLORIDA REAL ESTATE ASSOCIATES ,LLC	Name	BRAMAN, NORMAN
Address	2060 BISCAYNE BOULEVARD 2ND FLOOR	Address	2060 BISCAYNE BOULEVARD 2ND FLOOR
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

*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:** NORMAN BRAMAN

**AUTHORIZED PERSON**

**04/20/2017**

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

\_\_\_\_\_  
Date