

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000010010

**Entity Name:** DAVID GARFUNKEL & COMPANY, LLC

**Current Principal Place of Business:**

400 MALL BLVD., STE. M-1  
SAVANNAH, GA 31406

**Current Mailing Address:**

400 MALL BLVD., STE. M-1  
SAVANNAH, GA 31406 US

**FEI Number:** 20-4876881

**Certificate of Status Desired:** No

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

ADLER, MITCHELL D  
6919 SW 18TH STREET, STE. 201  
BOCA RATON, FL 33433 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 GARFUNKEL, DAVID  
Address 400 MALL BLVD., STE. M-1  
City-State-Zip: SAVANNAH GA 31406

Title AP  
Name GARFUNKEL, DAVID  
Address 400 MALL BLVD., STE. M-1  
City-State-Zip: SAVANNAH GA 31406

Title AP  
Name BROWN, CAMILLE  
Address 400 MALL BLVD., STE. M-1  
City-State-Zip: SAVANNAH GA 31406

Title AP  
Name CHERNEY, JANIE  
Address 400 MALL BLVD., STE. M-1  
City-State-Zip: SAVANNAH GA 31406

Title AP  
Name MYERLY, KIM  
Address 400 MALL BLVD., STE. M-1  
City-State-Zip: SAVANNAH GA 31406

*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:** DAVID GARFUNKEL

**OWNER**

**04/11/2023**

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

\_\_\_\_\_  
Date