

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004189

**Entity Name:** SOFFER HALLANDALE, LLC

**Current Principal Place of Business:**

19501 BISCAYNE BOULEVARD  
SUITE 400  
AVENTURA, FL 33180

**Current Mailing Address:**

19501 BISCAYNE BOULEVARD  
SUITE 400  
AVENTURA, FL 33180 US

**FEI Number:** 52-2332261

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SOFFER, JACQUELYN  
Address 19501 BISCAYNE BOULEVARD  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

Title S, AS  
Name ROMINE, MARIO A.  
Address 19501 BISCAYNE BOULEVARD  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

*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:** MARIO A ROMINE

**AUTHORIZED  
SIGNATORY**

**04/30/2019**

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

\_\_\_\_\_  
Date