

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013275

**Entity Name:** PROJECT NOVATIONS, LLC

**Current Principal Place of Business:**

3600 MYSTIC POINTE DR.,  
1016  
AVENTURA, FL 33180

**Current Mailing Address:**

3600 MYSTIC POINTE DR.,  
1016  
AVENTURA, FL 33180 US

**FEI Number:** 20-8388436

**Certificate of Status Desired:** No

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

FISHMAN, DENIS  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 709  
HALLANDALE BEACH, FL 33009 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 YAKOBI, JUZEF  
Address 3600 MYSTIC POINTE DR. APT. 1016  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name SOLOMON, EDELMAN DR.  
Address BP 20  
City-State-Zip: 1050 BRUSSELS, -25 BELGIUM BE  
1050

Title MGRM  
Name AVENUE NORTH AMERICA GMBH  
Address AUSTRIA SCHOTTENRING 12  
City-State-Zip: A-1010 VIENNA, AUSTRIA

*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:** JUZEF YAKOBI

MGRM

02/02/2015

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

\_\_\_\_\_  
Date