

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047647

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC3167536770**

**Entity Name:** EL-AD POINTE SIENNA MANAGEMENT LLC

**Current Principal Place of Business:**

1000. S. PINE ISLAND ROAD , SUITE # 450  
PLANTATION, FL 33324

**Current Mailing Address:**

1000. S. PINE ISLAND ROAD , SUITE # 450  
PLANTATION, FL 33324

**FEI Number:** 26-0194988

**Certificate of Status Desired:** Yes

**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 EL-AD GROUP FLORIDA (2005) LLC  
Address 1000. S. PINE ISLAND ROAD , SUITE #  
450  
City-State-Zip: PLANTATION FL 33324

Title CHAIRMAN  
Name DANIELL, ORLY  
Address 1000. S. PINE ISLAND ROAD , SUITE #  
450  
City-State-Zip: PLANTATION FL 33324

Title CFO  
Name BRONFMAN, ARIK  
Address 1000. S. PINE ISLAND ROAD , SUITE #  
450  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name MOHAR, ARAVA  
Address 1000. S. PINE ISLAND ROAD , SUITE #  
450  
City-State-Zip: PLANTATION FL 33324

*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:** ARIK BRONFAMN

**CFO**

**01/21/2016**

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

\_\_\_\_\_  
Date