

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000001815

Entity Name: 1834 N.W. 94 AVENUE, LLC**Current Principal Place of Business:**10884 N.W. 12TH DRIVE
PLANTATION, FL 33322**Current Mailing Address:**10884 N.W. 12TH DRIVE
PLANTATION, FL 33322 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIEBER, ORIT
10884 N.W. 12TH DRIVE
PLANTATION, FL 33322 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	SCHIEBER, ORIT
Address	10884 N.W. 12TH DRIVE
City-State-Zip:	PLANTATION FL 33322

Title	MGRM
Name	SCHIEBER, YOSSEI
Address	10884 N.W. 12TH DRIVE
City-State-Zip:	PLANTATION FL 33322

Title	MGRM
Name	SHEIBER, SYLVIA
Address	10884 N.W. 12TH DRIVE
City-State-Zip:	PLANTATION FL 33322

Title	MGRM
Name	SCHIEBER, REUT
Address	10884 N.W. 12TH DRIVE
City-State-Zip:	PLANTATION FL 33322

Title	MGRM
Name	SCHIEBER, AMNON
Address	10884 N.W. 12TH DRIVE
City-State-Zip:	PLANTATION FL 33322

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: SYLVIA SHEIBER**MGRM****04/07/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date