

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050327

**Entity Name:** 81472290, LLC

**Current Principal Place of Business:**

OUTLOOK PROPERTY MGM LLC  
5599 S UNIVERSITY DR 204  
DAVIE, FL 33328

**Current Mailing Address:**

OUTLOOK PROPERTY MGM LLC  
5599 S UNIVERSITY DR 204  
DAVIE, FL 33328 US

**FEI Number:** 27-2540722

**Certificate of Status Desired:** No

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

COHEN, AVNER  
OUTLOOK PROPERTY MGM LLC  
5599 S UNIVERSITY DR 204  
DAVIE, FL 33328-5323 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:** AVNER COHEN

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LUSTIG, EMANUEL A  
Address COHNREZNICK LLP  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name LUSTIG, CARMEL  
Address COHNREZNICK LLP  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name LUSTIG, LILACH A  
Address COHNREZNICK LLP  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name ATZMON, IRIS  
Address COHNREZNICK LLP  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

*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:** EMANUEL LUSTIG

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date