

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050327

**Entity Name:** 81472290, LLC

**Current Principal Place of Business:**

%ZVI RAFILOVICH,CPA,P.A. 2 S. UNIVERSITY DRIVE, SUITE 327  
PLANTATION, FL 33324

**Current Mailing Address:**

%ZVI RAFILOVICH,CPA,P.A.2 S. UNIVERSITY DRIVE, SUITE 327  
PLANTATION, FL 33324 US

**FEI Number:** 27-2540722

**Certificate of Status Desired:** No

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

ZVI RAFILOVICH, CPA, P.A.  
%ZVI RAFILOVICH,CPA,P.A.2 S. UNIVERSITY DRIVE, SUITE 327  
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 LUSTIG, EMANUEL A  
Address %ZVI RAFILOVICH,CPA,P.A. 2 S.  
UNIVERSITY DRIVE, SUITE 327  
City-State-Zip: PLANTATION FL 33324

Title MGRM  
Name LUSTIG, CARMEL  
Address %ZVI RAFILOVICH,CPA,P.A. 2 S.  
UNIVERSITY DRIVE, SUITE 327  
City-State-Zip: PLANTATION FL 33324

Title MGRM  
Name LUSTIG, LILACH A  
Address %ZVI RAFILOVICH,CPA,P.A. 2 S.  
UNIVERSITY DRIVE, SUITE 327  
City-State-Zip: PLANTATION FL 33324

Title MGRM  
Name ATZMON, IRIS  
Address %ZVI RAFILOVICH,CPA,P.A. 2 S.  
UNIVERSITY DRIVE, SUITE 327  
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:** EMANUEL LUSTIG

MGRM

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date