

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050327

Entity Name: 81472290, LLC

**Current Principal Place of Business:**

%ZVI RAFILOVICH,CPA,P.A.  
490 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325

**Current Mailing Address:**

%ZVI RAFILOVICH, CPA  
490 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 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.  
490 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33325 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.  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name LUSTIG, CARMEL  
Address %ZVI RAFILOVICH,CPA,P.A.  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name LUSTIG, LILACH A  
Address %ZVI RAFILOVICH,CPA,P.A.  
490 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33325

Title MGRM  
Name ATZMON, IRIS  
Address %ZVI RAFILOVICH,CPA,P.A.  
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

MGRM

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date