

2019 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

MANAGING MEMBER

03/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date