

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000087151

Entity Name: A & S APARTMENTS, LLC**Current Principal Place of Business:**5290 CASA REAL DR.
DELRAY BEACH, FL 33484**Current Mailing Address:**5290 CASA REAL DR.
DELRAY BEACH, FL 33484 US**FEI Number:** 27-3277493**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENFELD & ZALKIND, P.L.
4601 SHERIDAN STREET
STE 401
HOLLYWOOD, FL 33021 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 | SHAPIRA, ARIE |
| Address | 5290 CASA REAL DR. |
| City-State-Zip: | DELRAY BEACH FL 33484 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | SHAPIRA, AITHAN |
| Address | 9 COTTAGE ST. |
| City-State-Zip: | LEXINGTON MA 02420 |

| | |
|-----------------|-----------------------|
| Title | MGRM |
| Name | SHAPIRA, SARA |
| Address | 5290 CASA REAL DR. |
| City-State-Zip: | DELRAY BEACH FL 33484 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | SHAPIRA, MICHAEL |
| Address | 5290 CASA REAL DR |
| City-State-Zip: | DELRAY BEACH FL 33484 |

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: AITHAN SHAPIRA**AUTHORIZED
REPRESENTATIVE****03/06/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date