

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008276

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC3918764515**

**Entity Name:** IRA 17 LLC

**Current Principal Place of Business:**

17 HARBOUR ISLE DRIVE WEST, #405  
FORT PIERCE, FL 34949

**Current Mailing Address:**

17 HARBOUR ISLE DRIVE WEST, #405  
FORT PIERCE, FL 34949

**FEI Number:** 27-4667961

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	Title	MGRM
Name	SHAKI, DANIEL	Name	RABINOVICH, SHABTAI
Address	17 HARBOUR ISLE DRIVE WEST, #405	Address	17 HARBOUR ISLE DRIVE WEST, #405
City-State-Zip:	FORT PIERCE FL 34949	City-State-Zip:	FORT PIERCE FL 34949
Title	MGRM	Title	MGRM
Name	COHEN, FARIDA	Name	BIBER, ZAFRIR
Address	17 HARBOUR ISLE DRIVE WEST, #405	Address	17 HARBOUR ISLE DRIVE WEST, #405
City-State-Zip:	FORT PIERCE FL 34949	City-State-Zip:	FORT PIERCE FL 34949
Title	MGRM	Title	PRESIDENT
Name	SENDER MORAN, DANIEL	Name	GREENFIELD, AMIR
Address	17 HARBOUR ISLE DRIVE WEST, #405	Address	17 HARBOUR ISLE DRIVE WEST, 405
City-State-Zip:	FORT PIERCE FL 34949	City-State-Zip:	FORT PIERCE FL 34949
Title	MGRM	Title	MGRM
Name	FAIENER, ITZHAK, NIMROD	Name	GND HOLDINGS LLC
Address	17 HARBOUR ISLE DRIVE WEST, #405	Address	711 N. PPINE ISLAND RD. 299
City-State-Zip:	FORT PIERCE FL 34949	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:** GREENFIELD AMIR

**PRESIDENT**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date