

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000068545

Entity Name: D.O.D.A. 8261 LLC**Current Principal Place of Business:**1884 N. UNIVERSITY DRIVE
SUNRISE, FL 33322**Current Mailing Address:**1884 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US**FEI Number:** 99-0379684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHTRULL, IZAK
1884 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 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 | KALREO PROPERTIES LLC |
| Address | 1884 N. UNIVERSITY DRIVE |
| City-State-Zip: | SUNRISE FL 33322 |

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|-----------------|--------------------------|
| Title | MGRM |
| Name | LICHTER, DAN |
| Address | 1884 N. UNIVERSITY DRIVE |
| City-State-Zip: | SUNRISE FL 33322 |

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|-----------------|--------------------------|
| Title | MGRM |
| Name | ADAN, OMER |
| Address | 1884 N. UNIVERSITY DRIVE |
| City-State-Zip: | SUNRISE FL 33322 |

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|-----------------|---------------------|
| Title | MGRM |
| Name | SAAR, ASI |
| Address | 20 MACDONALD STREET |
| City-State-Zip: | RAMAT GAN, ISRAEL |

| | |
|-----------------|----------------------------|
| Title | MGRM |
| Name | SALMAN, DANA |
| Address | 117 DERECK HASHALOM STREET |
| City-State-Zip: | TEL AVIV, ISRAEL |

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: ADAN , OMER**03/02/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date