

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115875

**Entity Name:** 3967 PROPERTIES LLC**Current Principal Place of Business:**14340 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181**Current Mailing Address:**14340 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 US**FEI Number:** 46-0956086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOB, SARI  
14340 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 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	JACOB, SARI
Address	14340 BISCAYNE BLVD
City-State-Zip:	NORTH MIAMI BEACH FL 33181

Title	MGR
Name	NAE, MOSES
Address	1549 N.E. 123 STREET
City-State-Zip:	NORTH MIAMI FL 33181

Title	MGR
Name	NAE, JACOB
Address	1549 NE 123 ST
City-State-Zip:	NORTH MIAMI FL 33181

Title	MGR
Name	JACOB, FRANCIS
Address	14340 BISCAYNE BLVD
City-State-Zip:	NORTH MIAMI BEACH FL 33181

*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:** FRANCIS JACOB

MGR

03/08/2015

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