

**2022 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:** NAE , MOSES

MGR

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date