

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134170

**Entity Name:** TARFON MORTGAGE GROUP LLC

**Current Principal Place of Business:**

6015 WASHINGTON ST SUITE 200  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

P.O. BOX 820  
HALLANDALE, FL 33008 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PINSON, ELIEZER  
6015 WASHINGTON ST SUITE 200  
HOLLYWOOD, FL 33023 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:** ELIEZER PINSON

02/13/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHULMAN, DEVORA BEILA  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name RABINOVITZ, PESIA  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name WEISS, HERSHEL  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name FITTERMAN, TIRZA  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name GREENWALD, YESHAYAU B  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name DYC GROUP LLC  
Address P.O. BOX 820  
City-State-Zip: HALLANDALE FL 33008

*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:** ELIEZER PINSON

**AGENT**

02/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date