

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000143587

**Entity Name:** ARTNOVA MIAMI GALLERIES, LLC

**Current Principal Place of Business:**

C/O NIR LERMAN  
55 SE 6TH STREET APT 3700  
MIAMI, FL 33131

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC3818710356**

**Current Mailing Address:**

C/O NIR LERMAN  
55 SE 6TH STREET APT 3700  
MIAMI, FL 33131 US

**FEI Number: 46-1391949**

**Certificate of Status Desired: No**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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            CEO  
Name            HILLO, AVIV  
Address        C/O NIR LERMAN  
                  55 SE 6TH STREET APT 3700  
City-State-Zip: MIAMI FL 33131

Title            AUTHORIZED MEMBER  
Name            EDISON CAPITAL LTD.  
Address        12 NISSIM ALONI ST TEL AVIV  
City-State-Zip: ISRAEL 6291926 AL

*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: AVIV HILLO**

**CEO**

**01/07/2015**

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

\_\_\_\_\_  
Date