

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000024572

Entity Name: LLIJMASG LLC

**Current Principal Place of Business:**

1015 ADAMS STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1015 ADAMS STREET  
HOLLYWOOD, FL 33019

FEI Number: 90-0947166

Certificate of Status Desired: No

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

KUCHERSKI, SUSAN L  
1015 ADAMS STREET  
HOLLYWOOD, FL 33019 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 KUCHERSKI, LEV  
Address 471 NORTHVIEW DRIVE  
City-State-Zip: COLUMBUS OH 43209

Title MGRM  
Name KUCHERSKI, LIDIA  
Address 471 NORTHVIEW DRIVE  
City-State-Zip: COLUMBUS OH 43209

Title MGR  
Name KUCHERSKI, SUSAN L  
Address 1015 ADAMS STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name HAZAN, GILAD K  
Address 1015 ADAMS STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title MGR  
Name KINNEY, INNA  
Address 2130 E. BROAD STREET  
City-State-Zip: COLUMBUS OH 43209

Title MGR  
Name KINNEY, JOHN  
Address 2130 E. BROAD STREET  
City-State-Zip: COLUMBUS OH 43209

Title MGR  
Name DOROCHENKO, MARSHA  
Address 378 NORTHVIEW DRIVE  
City-State-Zip: COLUMBUS OH 43209

Title MGR  
Name DOROCHENKO, ANDREI  
Address 378 NORTHVIEW DRIVE  
City-State-Zip: COLUMBUS OH 43209

*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: SUSAN KUCHERSKI

MGR

04/30/2020

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

\_\_\_\_\_ Date