

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000052310

**Entity Name:** TIRZA VENTURES LLC

**Current Principal Place of Business:**

3325 S UNIVERSITY DR.  
201  
DAVIE, FL 33328

**Current Mailing Address:**

3325 S UNIVERSITY DR.  
201  
DAVIE, FL 33328 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MALKI, SEAN  
3325 S UNIVERSITY DR.  
201  
DAVIE, FL 33328 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:** SEAN MALKI

07/07/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FITTERMAN, BANJAMIN  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

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

Title MGRM  
Name HOFFMAN, SNIR  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

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

Title MGRM  
Name RAB, YEHUDA  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name FITTERMAN, EPHRAIM  
Address PO 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:** TIRZA FITTERMAN

MGRM

07/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date