

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000053099

**Entity Name:** ATHOS II ENTERPRISES, LLC

**Current Principal Place of Business:**

C/O GERO, EVAUL & MCCLOSKEY  
8551 W SUNRISE BLVD STE 200  
PLANTATION, FL 33322

**Current Mailing Address:**

C/O GERO, EVAUL & MCCLOSKEY  
8551 W SUNRISE BLVD SUITE 200  
PLANTATION, FL 33322 US

**FEI Number:** 35-2473815

**Certificate of Status Desired:** No

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

GERO, EVAUL & MCCLOSKEY  
8551 W SUNRISE BLVD  
STE 200  
PLANTATION, FL 33322 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:** SCOTT EVAUL

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MANAGER            | Title           | MANAGER            |
| Name            | BERLAGOSKY, SHIMON | Name            | REIKONNEN, NADEJDA |
| Address         | PO BOX 290696      | Address         | PO BOX 290696      |
| City-State-Zip: | DAVIE FL 33329     | City-State-Zip: | DAVIE FL 33322     |

*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:** SHIMON BERLAGOSKY

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date