

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000150795

**Entity Name:** 823 NORTH OLIVE, LLC

**Current Principal Place of Business:**

980 NORTH LAKE WAY  
PALM BEACH, FL 33480

**Current Mailing Address:**

P.O. BOX 1088  
PALM BEACH, FL 33480

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LESLIE ROBERT EVANS AND ASSOCIATES, P.A.  
214 BRAZILIAN AVENUE  
SUITE 200  
PALM BEACH, FL 33480 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 MGR  
Name HARUVI, ABE  
Address P.O. BOX 1088  
City-State-Zip: PALM BEACH FL 33480

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:** ABE HARUVI

**MEMBER**

**04/12/2016**

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

\_\_\_\_\_  
Date