

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000020330

**Entity Name:** SHLEPPERS FL, LLC

**Current Principal Place of Business:**

3029 NE 188TH STREET  
STE 804  
AVENTURA, FL 33180

**Current Mailing Address:**

3029 NE 188TH STREET  
STE 804  
AVENTURA, FL 33180 US

**FEI Number:** 46-4813144

**Certificate of Status Desired:** Yes

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

FRIEDLAND, JASON  
3029 NE 188TH STREET  
STE 804  
AVENTURA, FL 33180 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            AMBR  
Name            SHLEPPERS HOLDINGS, LLC  
Address        310 WALTON AVE  
City-State-Zip: BRONOX NY 10451

Title            MGR  
Name            FRIEDLAND, JASON  
Address        C/O 310 WALTON AVE  
City-State-Zip: BRONOX NY 10451

Title            MGR  
Name            GOLAN, EYAL  
Address        C/O 310 WALTON AVE  
City-State-Zip: BRONOX NY 10451

Title            MGR  
Name            ITZHAKI, RAZ  
Address        310 WALTON AVENUE  
City-State-Zip: BRONX NY 10451

*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:** SHARON ARAD

**MANAGER**

**04/27/2016**

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

\_\_\_\_\_  
Date