## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000046452

Entity Name: HASIDA, LLC

**FILED** Apr 21, 2017 **Secretary of State** CC7504154335

## **Current Principal Place of Business:**

17071 WEST DIXIE HIGHWAY

SUITE 301

NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

17071 WEST DIXIE HIGHWAY SUITE 301 NORTH MIAMI BEACH, FL 33160 US

FEI Number: 46-5157538 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DAVID A. ARONSON, CPA, P.A. 17071 WEST DIXIE HIGHWAY SUITE 301 NORTH MIAMI BEACH, FL 33160 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 MANAGER, AUTHORIZED

REPRESENTATIVE Name SHIRBIT PROPERTIES, INC. ARONSON, DAVID

Title

AUTHORIZED MEMBER

Name 17071 WEST DIXIE HIGHWAY Address 17071 WEST DIXIE HIGHWAY Address

SUITE 301 SUITE 301

City-State-Zip: NORTH MIAMI BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MANAGER, AUTHORIZED

REPRESENTATIVE

RAVNOF, IGAL Name

Address 17071 WEST DIXIE HIGHWAY

**SUITE 301** 

City-State-Zip: NORTH MIAMI BEACH FL 33160

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: DAVID ARONSON **MANAGER** Electronic Signature of Signing Authorized Person(s) Detail

04/21/2017 Date