

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046452

**Entity Name:** HASIDA, LLC

**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           ARONSON, DAVID  
Address        17071 WEST DIXIE HIGHWAY SUITE 301  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title           AUTHORIZED MEMBER  
Name           SHIRBIT PROPERTIES, INC.  
Address        17071 WEST DIXIE HIGHWAY SUITE 301  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title           MANAGER, AUTHORIZED REPRESENTATIVE  
Name           RAVNOF, IGAL  
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**

**06/15/2020**

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

\_\_\_\_\_  
Date