

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046452

**Entity Name:** HASIDA, LLC

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DRIVE  
SUITE 205-A  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1400 NE MIAMI GARDENS DRIVE  
SUITE 205-A  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 46-5157538

**Certificate of Status Desired:** No

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

DAVID A. ARONSON, CPA, P.A.  
1400 NE MIAMI GARDENS DRIVE  
SUITE 205-A  
NORTH MIAMI BEACH, FL 33179 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        1400 NE MIAMI GARDENS DRIVE SUITE 205-A  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title           AUTHORIZED MEMBER  
Name           SHIRBIT PROPERTIES, INC.  
Address        1400 NE MIAMI GARDENS DRIVE SUITE 205-A  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title           MANAGER, AUTHORIZED REPRESENTATIVE  
Name           RAVNOF, IGAL  
Address        1400 NE MIAMI GARDENS DRIVE SUITE 205-A  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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**

**04/29/2022**

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

\_\_\_\_\_  
Date