

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066336

**Entity Name:** GHABCH PROPERTIES, LLC.

**Current Principal Place of Business:**

8249 NW 36 ST.  
STE 109 109  
DORAL, FL 33166

**Current Mailing Address:**

8249 NW 36 ST.  
STE 109 109  
DORAL, FL 33166 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CFB FINANCE CONSULTANT LLC  
8249 NW 36 ST.  
STE 109 109  
DORAL, FL 33166 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 GHABCH, SIMON S  
Address 8249 NW 36 ST.  
STE 109 109  
City-State-Zip: DORAL FL 33166

Title MGR  
Name GHABCH, RITA H  
Address 8249 NW 36 ST.  
STE 109 109  
City-State-Zip: DORAL FL 33166

Title MGR  
Name GHABCH, SIMON A  
Address 8249 NW 36 ST.  
STE 109 109  
City-State-Zip: DORAL FL 33166

Title MANAGER  
Name HALABI, RITA  
Address 8249 NW 36 ST.  
STE 109 109  
City-State-Zip: DORAL FL 33166

*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: SIMON S GHABCH**

**MGR**

**03/23/2021**

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

\_\_\_\_\_  
Date