

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087200

**Entity Name:** NOAMIT LLC

**Current Principal Place of Business:**

1016 THOMAS DR  
APT 297  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

1016 THOMAS DR  
APT 297  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 35-2508962

**Certificate of Status Desired:** No

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

SHANY, IDO  
1016 THOMAS DR  
APT 279  
PANAMA CITY BEACH, FL 32408 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 MGRM  
Name FISCHER, ASSAF  
Address 1016 THOAMS DR APT 297  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** FISCHER , ASSAF

**OFFICER**

**02/11/2016**

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

\_\_\_\_\_  
Date