

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124876

**Entity Name:** ALDAM INVESTMENTS LLC

**Current Principal Place of Business:**

2600 ISLAND BOULEVARD  
APARTMENT 2305  
AVENTURA, FL 33160

**Current Mailing Address:**

2600 ISLAND BOULEVARD  
APARTMENT 2305  
AVENTURA, FL 33160 US

**FEI Number:** 47-3130467

**Certificate of Status Desired:** No

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

ROZENCWAIG & NADEL, LLP  
301 W. HALLANDALE BEACH BOULEVARD  
HALLANDALE BEACH, FL 33009 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  
Name           RABINOVICH, TULIO  
Address        2600 ISLAND BOULEVARD  
                  APARTMENT 2305  
City-State-Zip: AVENTURA FL 33160

Title           MANAGER  
Name           DYNER, REBECA  
Address        2600 ISLAND BOULEVARD  
                  APARTMENT 2305  
City-State-Zip: AVENTURA FL 33160

Title           MANAGER  
Name           RABINOVICH, DEBBIE  
Address        2600 ISLAND BOULEVARD  
                  APARTMENT 2305  
City-State-Zip: AVENTURA FL 33160

Title           MGR  
Name           RABINOVICH, SAMUEL  
Address        2600 ISLAND BOULEVARD  
                  APARTMENT 2305  
City-State-Zip: AVENTURA 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:** RABINOVICH TULIO

**MGR**

**02/02/2021**

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

\_\_\_\_\_  
Date