

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000029482

Entity Name: 1603 GROVE, LLC

Current Principal Place of Business:

2875 NE 191ST STREET,
SUITE 601
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191ST STREET,
SUITE 601
AVENTURA, FL 33180 US

FEI Number: 47-3154654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHALTS, DAVID
738 DEAN WAY
FORT MYERS, FL 33919 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 AMBR
Name SHALTS, DAVID
Address 410 LEVI YITZCHAK ST.
City-State-Zip: KFAR CHABAD IL 60840

Title MGR
Name NAHIR, ARNON
Address 5517 PARDES HANA
City-State-Zip: KARKUR, ISRAEL

Title MGR
Name GLUSHKO, BORIS
Address 19/6 ROTHSCHILD
City-State-Zip: ASHDOD, ISRAEL

Title MGR
Name DVASH, EYAL
Address 14 CHAIM HERTZOK STREET
City-State-Zip: KIRYAT ONO

Title MGR
Name NACHTOMI, ORIT
Address GORDON POB 565
City-State-Zip: MIGDAL, ISRAEL

Title MGR
Name ALEMAYEO, SARIT
Address 4/15 AHALUTZ
City-State-Zip: GIVAT OLGA, HADERA

Title MGR
Name CHADAD, SMUEL HAIM
Address 418 LEVI YITZCHAK STREET
City-State-Zip: KFAR CHABAD, ISRAEL 60840

Title MGR
Name HARBI, BEYNAMIN MENAHEM
Address 418 LEVI YITZCHAK STREET
City-State-Zip: KRAF CHABAD, ISRAEL 60840

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 SHALTS

CEO

08/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date