

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000030429

Entity Name: SEJY PLUS LLC**Current Principal Place of Business:**2719 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**Current Mailing Address:**2719 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**FEI Number:** 47-3174968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREL, HENRIQUE
2719 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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 PEREL, HENRIQUE
Address 2201 NE 202 STREET
City-State-Zip: MIAMI FL 33180

Title MGR
Name HAUSMANN, LEON ROY
Address 3301 NE 183 STREET
City-State-Zip: UNIT 708 FL 33160

Title AMBR
Name NADINE HAUSMANN FAMILY TRUST
Address 2201 NE 202 STREET
City-State-Zip: MIAMI FL 33180

Title AMBR
Name ROY HAUSMANN FAMILY TRUST
Address 3301 NE 183 STREET
City-State-Zip: UNIT 708 FL 33160

Title AMBR
Name VICKY HAUSMANN FAMILY TRUST
Address 1495 BREAKWATER TERRACE
City-State-Zip: HOLLYWOOD FL 33021

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: HENRIQUE PEREL**MANAGER****02/28/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date