

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000066313

Entity Name: 8795 BANYAN, LLC

Current Principal Place of Business:

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

Current Mailing Address:

2875 NE 191ST STREET,
SUITE 601
FORT MYERS, FL 33180 US

FEI Number: 47-3756006

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHALTS, DAVID
738 DEAN WAY
FORT MYERS, FLORIDA, 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 738 DEAN WAY
City-State-Zip: FORT MYERS FL 33919

Title AP
Name DVASH, EYAL
Address 14 CHAIM HERTZOK ST.
City-State-Zip: KIRYAT ONO 149500

Title AP
Name ALEMAYO, SIMCHA
Address AHALUTZ 4/15, GIVAY OLGA,
City-State-Zip: HEDERA 3832616

Title AP
Name CHADAD , SMUEL HAIM
Address 418 LEVI YITZCHAK ST.
P.O BOX 418
City-State-Zip: KFAR CHABAD 60840

Title AP
Name NAIR, ARNON
Address POB 5517
City-State-Zip: PARDES HANA-KARKUR

Title AP
Name SHEKEL , AVNER
Address EIN IRON 37910
City-State-Zip: EIN IRON 37910

Title AP
Name YESHAYAHU, ESTER
Address MAHLER HRTAMIM 4
City-State-Zip: EVEN YEHUDA 4050000

Title AP
Name EREL , RONY
Address HAR SINAI 6 APT. 26
City-State-Zip: OR AQIVA 306000

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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

08/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title AP
Name ZIV , SIGAL
Address 11 HAHADAS ST.,
City-State-Zip: BINYAMINA 3052311

Title AP
Name ELKANA , SHLOMIT
Address 50 RAKEFET ST.,
City-State-Zip: MOSHAV AMIKAM 3783000