

**2017 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:** Yes

**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 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

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

**Continues on page 2**

*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**

**04/19/2017**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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