

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**

**Nov 01, 2018**

**Secretary of State**

**CC2191170267**

DOCUMENT# L15000068545

**Entity Name:** SPRING 613, LLC

**Current Principal Place of Business:**

975 N. MIAMI BEACH BLVD., #234  
N. MIAMI BEACH, FL 33162

**Current Mailing Address:**

PO BOX 820  
HALLANDALE, FL 33008 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GAZIT, ZOHAR  
975 N. MIAMI BEACH BLVD., #234  
N. MIAMI BEACH, FL 33162 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:** ZOHAR GAZIT

11/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SACKS, HAROLD  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name LEVINGER, NOA  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name KATS, SHMUEL  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name ZADOK, YEHUDA  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name PANIRI, MOSHE  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name LEVI, ASHER  
Address PO BOX 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name YOGEV, ROI  
Address POB 820  
City-State-Zip: HALLANDALE FL 33008

Title MGRM  
Name FITTERMAN , MENACHEM  
Address POB 820  
City-State-Zip: HALLANDALE FL 33008

**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:** FITTERMAN , NEOMI

**PROPERTY MANEGER**

11/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title           MANAGER

Name           FITTERMAN, NEOMI

Address        975 N. MIAMI BEACH BLVD

City-State-Zip: NORTH MIAMI BEACH FL 33162