2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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   04/24/2018

Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGRM		Title	MGRM
Name	SACKS, HAROLD		Name	LEVINGER, NOA
Address	PO BOX 820		Address	PO BOX 820
City-State-Zip:	HALLANDALE FL 33008		City-State-Zip:	HALLANDALE FL 33008
Title	MGRM		Title	MGRM
Name	KATS, SHMUEL		Name	ZADOK, YEHUDA
Address	PO BOX 820		Address	PO BOX 820
City-State-Zip:	HALLANDALE FL 33008		City-State-Zip:	HALLANDALE FL 33008
Title	MGRM		Title	MGRM
Name	PANIRI, MOSHE		Name	LEVI, ASHER
Address	PO BOX 820		Address	PO BOX 820
City-State-Zip:	HALLANDALE FL 33008		City-State-Zip:	HALLANDALE FL 33008
Title	MGRM		Title	MGRM
Name	YOGEV, ROI		Name	FITTERMAN , MENACHEM
Address	POB 820		Address	POB 820
City-State-Zip:	HALLANDALE FL 33008		City-State-Zip:	HALLANDALE FL 33008

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: HAROLD SACKS   MGRM   04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail   Date