

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

04/05/2017

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

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

OFFICER

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date