

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000130795

Entity Name: 15750 CANDLEWOOD, LLC**Current Principal Place of Business:**15750 LAKE CANDLEWOOD DR
FORT MYERS, FL 33908**Current Mailing Address:**738 DEAN WAY
FORT MYERS, FL 33919**FEI Number:** 47-4733345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHALTS, DAVID
738 DEAN WAY
FORT MYERS, 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	LEIBOVICI , NITZAN
Address	18 CHATIVAT HAREL
City-State-Zip:	MODIIN 7172100

Title	AP
Name	BAR, NATALI
Address	14 BEN SARUK ST.,
City-State-Zip:	TEL - AVIV 6296918

Title	AP
Name	GAL-CHEN MENDELAWI, KEREN & EYAL
Address	21 NIZANIT ST.,
City-State-Zip:	YAVNE 8150852

Title	AP
Name	RAHIMI, SARIT
Address	RZAHAL 2 ST.,
City-State-Zip:	BAT-YAM 5964229

Title	AP
Name	JONATHAN SHUR, ISRAEL
Address	HASHAKED 3 ST.,
City-State-Zip:	CASE 3088900

Title	AP
Name	ROZENBLATT, YOSSEF
Address	25 SARA AHARONSON ST.,
City-State-Zip:	ASHDOD 7773025

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**AMBR****03/10/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date