

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000143322

Entity Name: REALIFE FLORIDA 5 LLC

Current Principal Place of Business:

6900 PHILIPS HWY.
STE 36
JACKSONVILLE, FL 32216

Current Mailing Address:

6900 PHILIPS HWY.
STE 36
JACKSONVILLE, FL 32216 US

FEI Number: 30-0881224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PANDO, OR
6900 PHILIPS HWY.
STE 36
JACKSONVILLE, FL 32216 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 MGR
Name REALIFE MANAGEMENT GROUP LLC
Address 6900 PHILIPS HWY.
STE 36
City-State-Zip: JACKSONVILLE FL 32216

Title MBR
Name DESHE, ETAMAR
Address AMIKAM
City-State-Zip: AMIKAM ISRAEL

Title MBR
Name ORBACH, LILIANA
Address 166TH IGAL ALON ST.
APT 28
City-State-Zip: TEL AVIV ISRAEL 6744374

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: LILIANA ORBACH

MEMBER

03/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date