

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000170285

**Entity Name:** PHATAE LLC

**Current Principal Place of Business:**

3884 KING EDWARD ST  
FORT MYERS, FL 33916

**Current Mailing Address:**

3884 KING EDWARD ST  
FORT MYERS, FL 33916 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KALINE LLC  
6358 OLD MAHOGANY CT  
NAPLES, FL 34109 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 FINKIELMAN, MENDEL  
Address 3604 CEDAR OAK DR # 107  
City-State-Zip: FORT MYERS FL 33916

Title MGR  
Name HALPERN, ELIZABETH E  
Address 3604 CEDAR OAK DR # 107  
City-State-Zip: FORT MYERS FL 33916

*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:** MENDEL FINKIELMAN

03/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date