

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000198550

Entity Name: ZIKRI SHARONI LLC

Current Principal Place of Business:

3330 NE 190TH STREET UNIT 2417
AVENTURA, FL 33180

Current Mailing Address:

3330 NE 190TH STREET UNIT 2417
AVENTURA, FL 33180

FEI Number: 81-0796808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIKRI, MIKE
3330 NE 190TH STREET UNIT 2417
AVENTURA, FL 33180 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 ZIKRI, MIKE
Address 3330 NE 190TH STREET UNIT 2417
City-State-Zip: AVENTURA FL 33180

Title AMBR
Name SHARONI, GILAD
Address 21643 CYPRESS ROAD UNIT #14C
City-State-Zip: BOCA RATON FL 33433

Title AMBR
Name SHARONI, MIRIAM
Address 21643 CYPRESS ROAD UNIT # 14C
City-State-Zip: BOCA RATON FL 33433

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: MIKE ZIKRI

MGR

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date