

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000103344

Entity Name: FLORAC2, LLC**Current Principal Place of Business:**3625 NORTH COUNTRY CLUB DRIVE
1702
AVENTURA, FL 33180**Current Mailing Address:**3625 NORTH COUNTRY CLUB DRIVE
1702
AVENTURA, FL 33180 US**FEI Number:** 81-2780755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENARROSH, MICHEL
3625 NORTH COUNTRY CLUB DRIVE
1702
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	BENARROSH, MICHEL
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	SEBAG, DAVID-JAMES
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	BENARROSH, MICHEL
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	SEBAG, DAVID-JAMES
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	LEVY-SEBAG, LAURA
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	BENARROSH, RAPHAEL
Address	3625 NORTH COUNTRY CLUB DRIVE # 1702
City-State-Zip:	AVENTURA FL 33180

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: MICHEL BENARROSH**MANAGER****03/31/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date