

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000119435

**Entity Name:** 1705 NW 16TH CT LLC

**Current Principal Place of Business:**

800 WEST AVENUE APT 915  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

800 WEST AVENUE APT915  
MIAMI BEACH, FL 33139 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RONDIN, ALEX  
800 WEST AVENUE APT915  
MIAMI BEACH, FL 33139 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 BEN AHARON, SHLOMY  
Address GERSHOM 2  
City-State-Zip: RAMAT GAN IS 52286-37

*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:** SHLOMY BEN AHARON

**OWNER**

**03/18/2018**

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

\_\_\_\_\_  
Date