

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000129571

**Entity Name:** 718 MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

1323 POLK STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1323 POLK STREET  
HOLLYWOOD, FL 33019 US

**FEI Number:** 81-3254609

**Certificate of Status Desired:** No

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

KELMENSEN, DMITRIY  
1323 POLK STREET  
HOLLYWOOD, FL 33019 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 KELMENSEN, DMITRIY  
Address 1323 POLK STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR  
Name SHAP, ARTHUR  
Address 2881 WEST 12 ST., APT. 17B  
City-State-Zip: BROOKLYN NY 11224

Title AMBR  
Name TERUSHKIN, SERGEY  
Address 160 EXETER ST.  
City-State-Zip: BROOKLYN NY 11235

Title AMBR  
Name RABKIN, ALEKSANDR  
Address 1323 POLK STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR  
Name KELMENSEN, YURIY  
Address 9917 SHORE RD., APT. 7B  
City-State-Zip: BROOKLYN NY 11209

*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:** DMITRIY KELMENSEN

05/01/2017

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

\_\_\_\_\_ Date