

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000203399

**Entity Name:** SAPHIRA, LLC

**Current Principal Place of Business:**

4333 NORTH JEFFERSON AVENUE  
MIAMI, FL 33140

**Current Mailing Address:**

4333 NORTH JEFFERSON AVENUE  
MIAMI, FL 33140

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           GREENBERG, SAPHIRA  
Address        4333 NORTH JEFFERSON AVENUE  
City-State-Zip: MIAMI FL 33140

Title           MANAGER  
Name           GREENBERG, AVIAD  
Address        4333 NORTH JEFFERSON AVENUE  
City-State-Zip: MIAMI FL 33140

Title           MANAGER  
Name           TESSLER, JOEL M.  
Address        4333 NORTH JEFFERSON AVENUE  
City-State-Zip: MIAMI FL 33140

Title           MANAGER  
Name           TESSLER, AVIVA FOX  
Address        4333 NORTH JEFFERSON AVENUE  
City-State-Zip: MIAMI FL 33140

*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:** JOEL M. TESSLER

**MANAGER**

**01/18/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date