

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000230529

**Entity Name:** REALIFE FLORIDA 36 LLC

**Current Principal Place of Business:**

411 NE 2ND AVE  
HALLANDLE BCH, FL 33009

**Current Mailing Address:**

411 NE 2ND AVE  
HALLANDLE BCH, FL 33009 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PND0, OR  
411 NE 2ND AVE  
HALLANDLE BCH, FL 33009 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           HAREL, JOSEPHINA YAFA  
Address        411 NE 2ND AVE  
City-State-Zip: HALLANDLE BCH FL 33009

*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:** HAREL JOSEPHIN YAFA

MEMBER

02/29/2020

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

\_\_\_\_\_ Date