

2019 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:

PNDO, OR
6900 PHILIPS HWY.
STE 25
JACKSONVILLE, FL 32216 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	Title	MANAGER
Name	REALIFE MANAGEMENT GROUP LLC	Name	HAREL, JOSEPHINA YAFA
Address	6950 PHILIPS HWY.	Address	411 NE 2ND AVE
City-State-Zip:	JACKSONVILLE FL 32216	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 , JOSEPHINA YAFA

MEMBER

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date