

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000024168

**Entity Name:** HOUSE OF SALAD FL

**Current Principal Place of Business:**

16145 BISCAYNE BLVD  
AVENTURA, FL 33160

**Current Mailing Address:**

16145 BISCAYNE BLVD  
AVENTURA, FL 33160 US

**FEI Number:** 81-5232462

**Certificate of Status Desired:** No

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

ZAGURI, LIOR  
16145 BISCAYNE BLVD  
AVENTURA, FL 33160 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:** LIOR ZAGURI

11/01/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name ZAGURI, LIOR  
Address 16145 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33160

Title CMO  
Name BUBTOV, IGOR  
Address 16145 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33160

Title QUALITY CONTROL MGR  
Name GORDON, PAUL  
Address 16145 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33160

Title COO  
Name GELERMAN, OLEG  
Address 16145 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33160

*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:** LIOR ZAGURI

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11/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date