

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000045210

**Entity Name:** FALCON OPTIMIZER LLC**Current Principal Place of Business:**4440 PGA BLVD., SUITE 505  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4440 PGA BLVD., SUITE 505  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 82-0650139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAPPAPORT, AARON  
4440 PGA BLVD., SUITE 505  
PALM BEACH GARDENS, FL 33410 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
Name	RAPPAPORT, AARON
Address	4440 PGA BLVD., SUITE 505
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MGR
Name	RAPPAPORT, RICHARD
Address	4440 PGA BLVD., SUITE 505
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	MGR
Name	RAPPAPORT, DANIEL
Address	4440 PGA BLVD., SUITE 505
City-State-Zip:	PALM BEACH GARDENS FL 33410

*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:** AARON RAPPAPORT

PRESIDENT

02/01/2021

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