

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000067235

Entity Name: 2124 GARFIELD, LLC**Current Principal Place of Business:**17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470**Current Mailing Address:**P.O. BOX 10472
MIAMI, FL 33101 US**FEI Number:** 82-0960809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	SHUB, SENDER
Address	PO BOX 2399
City-State-Zip:	TOA BAJA OC 00951

Title	MGR
Name	KOCHEN, BRANDON
Address	P O BOX 10472
City-State-Zip:	MIAMI FL 33101

Title	MGR
Name	DAGAN, YONATAN
Address	P.O. BOX 814894
City-State-Zip:	HOLLYWOOD FL 33081

Title	MGR
Name	REINER, EDDIE
Address	55 S.E. 6TH ST. APT 3005
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	SHUB, MARK
Address	PO BOX 10472
City-State-Zip:	MIAMI FL 33101

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: SENDER SHUB**MANAGER****01/30/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date