

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108357

**FILED**  
**Mar 24, 2019**  
**Secretary of State**  
**0314047624CC**

**Entity Name:** 502 WILSON STREET INVESTORS, LLC

**Current Principal Place of Business:**

709 CAPE CORAL PARKWAY W  
CAPE CORAL, FL 33914

**Current Mailing Address:**

709 CAPE CORAL PARKWAY W  
CAPE CORAL, FL 33914 US

**FEI Number:** 82-1567574

**Certificate of Status Desired:** No

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

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY W  
CAPE CORAL, FL 33914 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 AMBR  
Name GABAY, EITAN  
Address 709 CAPE CORAL PARKWAY W  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name SIVAN, OFIR  
Address 709 CAPE CORAL PARKWAY W  
City-State-Zip: CAPE CORAL FL 33914

Title AMBR  
Name JETLAG CAPITAL, LLC  
Address 709 CAPE CORAL PARKWAY W  
City-State-Zip: CAPE CORAL FL 33914

*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:** GABAY EITAN

AMBR

03/24/2019

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

\_\_\_\_\_  
Date