

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108357

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

**Current Principal Place of Business:**

C/O ABOULAFIA KOT LLC  
347 5TH AVENUE SUITE 807  
NEW YORK, NY 10016

**Current Mailing Address:**

C/O ABOULAFIA KOT LLC  
347 5TH AVENUE SUITE 807  
NEW YORK, NY 10016 US

**FEI Number:** 82-1608640

**Certificate of Status Desired:** No

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

SWAN, LAWRENCE  
615 CAPE CORAL PKWY 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        C/O ABOULAFIA KOT LLC  
                  347 5TH AVENUE SUITE 807  
City-State-Zip: NEW YORK NY 10016

Title            AMBR  
Name            SIVAN, OFIR  
Address        C/O ABOULAFIA KOT LLC  
                  347 5TH AVENUE SUITE 807  
City-State-Zip: NEW YORK NY 10016

Title            AMBR  
Name            JETLAG CAPITAL, LLC  
Address        615 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:** EITAN GABAY

AMBR

04/21/2021

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

\_\_\_\_\_  
Date