

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000169626

**Entity Name:** EFRAT B LLC

**Current Principal Place of Business:**

1 HA'LLANOT ST.  
KFAR MA'AS, P.O. BOX 5363

**Current Mailing Address:**

1 HA'LLANOT ST.  
KFAR MA'AS, P.O. BOX 5363 IL

**FEI Number:** 32-0539603

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 S. STATE RD. 7, STE. 106  
DAVIE, FL 33314 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            DIRECTOR  
Name            BRUMER SHARF, EFRAT  
Address        1 HA'LLANOT ST.  
City-State-Zip: KFAR MA'AS P.O. BOX 5363

*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:** EFRAT BRUMER SHARF

**DIRECTOR**

**02/07/2021**

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

\_\_\_\_\_  
Date