

2019 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

04/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date