

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000187909

Entity Name: MAYOST PARTNERS, LLC**Current Principal Place of Business:**2000 MORRIS AVENUE
COHEN & LAMELA, LLP
UNION, NJ 07083**Current Mailing Address:**2000 MORRIS AVENUE
COHEN & LAMELA, LLP
UNION, NJ 07083 US**FEI Number:** 82-2612099**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MINSTER, ZEVIKA
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:** ZEVIKA MINSTER

03/31/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MAYOST, YUVAL MAIMON
Address TEENA 33
City-State-Zip: REUT IL 7179902

Title AUTHORIZED MEMBER
Name MAYOST, OSHRI
Address 5/67 DEREH HABSAMIM
City-State-Zip: GANEY TIKVA 5591898

Title AMBR
Name SULIMANI, EYAL
Address 4 HAGEFEN
City-State-Zip: RAMAT GAN IL 5254606

Title AMBR
Name SULIMANI, RONI THT PRACTICAL
SOLUTIONS LTD
Address 50 EINAV
City-State-Zip: BET HASHMONAI IL 9978900

Title AMBR
Name TAUB, ELDAD
Address 11 TOPAZ ST
City-State-Zip: MODIIN 7179902

Title AMBR
Name DAN, PUNDAK
Address 79 HAKISHON ST
City-State-Zip: TEL-AVIV 6607219

Title AMBR
Name RABINOVITZ, HANOCH
Address 9 HAIRUS
City-State-Zip: SAVION 5690500

Title AMBR
Name SULIMANI, YAFFA
Address 7/4 TOPAZ
City-State-Zip: MEVASERT ZION 9079381

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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: YUVAL MAYOST

CEO

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AMBR
Name SULIMANI, JACOV
Address 21 CNAAN
City-State-Zip: KIRIYAT MALAHCI 8301901

Title AMBR
Name BERGER, ALON
Address 32/64 MOSHE SNEE
City-State-Zip: PETACH TIKVA 4922410

Title AMBR
Name DUBIN KOLDAN, GALIT
Address 6 J'O AMAR
City-State-Zip: KFAR SABA 44646

Title AMBR
Name KEIDAR, ARIEL
Address 10 HASHOFTIM
City-State-Zip: HERZLIYA 4644716