

**2021 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:** No**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

03/16/2021

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

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

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

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

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

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

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

**Continues on page 2**

*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

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

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

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

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