

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000204470

**Entity Name:** 15965 WESTPARK LLC

**Current Principal Place of Business:**

15965 WESTPARK LANE  
FORT PIERCE, FL 34945

**Current Mailing Address:**

5973 SW 54TH CT  
DAVIE, FL 33314 US

**FEI Number:** 82-2986308

**Certificate of Status Desired:** No

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

SHLOMI, ORR  
5973 SW 54TH CT  
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	AMBR	Title	AMBR
Name	SHLOMI, ORR	Name	AHARON, LIRON
Address	5973 SW 54TH CT	Address	5973 SW 54TH CT
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

*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:** ORR SHLOMI

**MGR**

**02/02/2023**

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

\_\_\_\_\_  
Date