

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000213750

**Entity Name:** ZAHAV 206 W KEYES AVE LLC

**Current Principal Place of Business:**

5223 EHRLICH ROAD  
C-4  
TAMPA, FL 33624

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC9306388424**

**Current Mailing Address:**

PO BOX 1042  
NEW YORK, NY 10018

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

MCCONKEY, JEFF  
5223 EHRLICH ROAD  
C-4  
TAMPA, FL 33624 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 MGR  
Name SITT, DAVID  
Address PO BOX 1042  
City-State-Zip: NEW YORK NY 10018

*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: DAVID SITT**

**OWNER**

**04/23/2018**

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

\_\_\_\_\_  
Date