

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000222111

**Entity Name:** LAPPI PARADISE LLC

**Current Principal Place of Business:**

1390 BRICKELL AVE STE 200  
MIAMI, FL 33131

**Current Mailing Address:**

1390 BRICKELL AVE STE 200  
MIAMI, FL 33131 US

**FEI Number: 36-4850790**

**Certificate of Status Desired: No**

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

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE STE 200  
MIAMI, FL 33131 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 BORGER, YOCHANAN D  
Address AARON ESHKOLI 115 2DO PISO  
DEPTO 10  
City-State-Zip: RAMOT B JRS ESTADO DE ISRAEL  
AL

*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: YOCHANAN D BORGER**

**MGR**

**01/17/2019**

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

\_\_\_\_\_ Date