0454 NE 400 C				
2151 NE 168 S NORTH MIAMI	BEACH, FL 33162			
	BEACH, TE 33102			
Current Mai	iling Address:			
PO BOX 194	41			
BOCA RATO	DN, FL 33429 US			
FEI Number	r: 82-3531625		Certificate of Status Desired: No	
		nt•		
Name and A	Address of Current Registered Age			
ABRAHAM, IGA 6484 VIA BENI'	AL G			
ABRAHAM, IGA 6484 VIA BENI BOCA RATON,	AL G TA		tered agent, or both, in the State of	Florida.
ABRAHAM, IG/ 6484 VIA BENI BOCA RATON, The above named	AL G TA .FL 33433 US		tered agent, or both, in the State of	
ABRAHAM, IG/ 6484 VIA BENI BOCA RATON, The above named	AL G TA , FL 33433 US d entity submits this statement for the purpose of cha		tered agent, or both, in the State of	<i>Florida.</i> 06/30/2020 Date
ABRAHAM, IG/ 6484 VIA BENI BOCA RATON, <i>The above named</i> SIGNATURE	AL G TA FL 33433 US d entity submits this statement for the purpose of cha E: IGAL G. ABRAHAM		tered agent, or both, in the State of	06/30/2020
ABRAHAM, IG/ 6484 VIA BENI BOCA RATON, <i>The above named</i> SIGNATURE	AL G TA FL 33433 US d entity submits this statement for the purpose of chance E: IGAL G. ABRAHAM Electronic Signature of Registered Agent		tered agent, or both, in the State of	06/30/2020
ABRAHAM, IGA 6484 VIA BENI BOCA RATON, <i>The above named</i> SIGNATURE Authorized	AL G TA FL 33433 US d entity submits this statement for the purpose of chance E: IGAL G. ABRAHAM Electronic Signature of Registered Agent Person(s) Detail :	nging its registered office or regis		06/30/2020
ABRAHAM, IGA 6484 VIA BENI BOCA RATON, <i>The above named</i> SIGNATURE Authorized Title	AL G TA FL 33433 US d entity submits this statement for the purpose of chances E: IGAL G. ABRAHAM Electronic Signature of Registered Agent Person(s) Detail : MGR	nging its registered office or regis	MBR	06/30/2020

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: IGAL ABRAHAM

MANEGER

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243240

Entity Name: 2151 NE 168 STREET, LLC

Current Principal Place of Business:

FILED Jun 30, 2020 **Secretary of State** 5646586003CC

Date