

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000003904

**Entity Name:** BID2BED, LLC

**Current Principal Place of Business:**

151 N NOB HILL ROAD  
SUITE #260  
PLANTATION, FL 33324

**Current Mailing Address:**

151 N NOB HILL ROAD  
SUITE #260  
PLANTATION, FL 33324 US

**FEI Number:** 82-3954888

**Certificate of Status Desired:** No

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

KEREN-TZUR, ORLY  
151 N NOB HILL ROAD  
SUITE #260  
PLANTATION, FL 33324 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  
Name LEMBERG, EYAL  
Address 151 N NOBHILL ROAD SUITE #260  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name SOLOMON, IDO  
Address 151 N NOBHILL ROAD SUITE#260  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name KEREN-TZUR, ROEE  
Address 151 N NOB HILL ROAD SUITE #260  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name CURE MUNOZ, CARLOS ANDRES  
Address 151 N NOB HILL ROAD  
SUITE #260  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name PNIEL, SHAI  
Address 151 N NOB HILL ROAD  
SUITE #260  
City-State-Zip: PLANTATION FL 33324

*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:** ROEE KEREN-TZUR

AMBR

01/14/2020

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

\_\_\_\_\_  
Date