

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000066398

**Entity Name:** 2331 ADAMS, LLC

**Current Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

PO BOX 10472  
MIAMI, FL 33101 US

**FEI Number:** 82-4851154

**Certificate of Status Desired:** No

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

INCORP SERVICES INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 SHUB, SENDER  
Address 517 ROAD#5 STE 5  
City-State-Zip: CATANO PR 00962

Title MGR  
Name SHUB, MARK  
Address P O BOX 10472  
City-State-Zip: MIAMI FL 33101

Title MGR  
Name SHUB, ROBERT  
Address P O BOX 10472  
City-State-Zip: MIAMI FL 33101

Title MGR  
Name KOCHEN, BRANDON  
Address P O BOX 10472  
City-State-Zip: MIAMI FL 33101

Title MGR  
Name DAGAN, YONATAN  
Address PO BOX 814894  
City-State-Zip: HOLLYWOOD FL 33081

*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: SENDER SHUB**

**MANAGER**

**01/31/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date