

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000132759

**Entity Name:** DR. CLIFF'S PRODUCTS, LLC

**Current Principal Place of Business:**

1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**FEI Number: 83-0768859**

**Certificate of Status Desired: No**

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

MAGRAM, DEBRA K  
1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060 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                          | Title           | MGR                              |
| Name            | COHEN, MELISSA               | Name            | TITAYEVSKY, LARISA               |
| Address         | 109 DISPATCH DRIVE           | Address         | 3800 GALT OCEAN DRIVE, UNIT 1210 |
| City-State-Zip: | WASHINGTON CROSSING PA 18977 | City-State-Zip: | FORT LAUDERDALE FL 33308         |
|                 |                              |                 |                                  |
| Title           | MGR                          |                 |                                  |
| Name            | MAGRAM, DEBRA K              |                 |                                  |
| Address         | 4131 CASCADA CIRCLE          |                 |                                  |
| City-State-Zip: | COOPER CITY FL 33024         |                 |                                  |

*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: DEBRA MAGRAM**

**MGR**

**04/05/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date