

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000188018

**Entity Name:** MYSTIC RESIDENCES LLC

**Current Principal Place of Business:**

425 MADISON AVE  
SUITE 400  
NEW YORK, NY 10017

**Current Mailing Address:**

425 MADISON AVE  
SUITE 400  
NEW YORK, NY 10017 US

**FEI Number:** 83-1472212

**Certificate of Status Desired:** No

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

EBRAHIMIAN, BENJAMIN  
19101 MYSTIC POINTE DRIVE  
404  
AVENTURA, FL 33180 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	EBRAHIMIAN, ROBERT	Name	NADIV, NIMROD
Address	425 MADISON AVE	Address	271-11 UNION TPKE
City-State-Zip:	NEW YORK NY 10017	City-State-Zip:	NEW HYDE PARK NY 11040

*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:** ROBERT EBRAHIMIAN

**PARTNER**

**04/02/2019**

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

\_\_\_\_\_  
Date