

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000218189

**Entity Name:** 1765 W NEW HAVEN AVE LLC

**Current Principal Place of Business:**

252 SUNNY ISLES BLVD STE20  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

252 SUNNY ISLES BLVD STE20  
SUNNY ISLES BEACH, FL 33160 UN

**FEI Number:** 83-1936936

**Certificate of Status Desired:** No

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

SHELOMOVITZ, BARRY  
252 SUNNY ISLES BLVD STE20  
SUNNY ISLES BEACH, FL 33160 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 SHELOMOVITZ, BARRY  
Address 252 SUNNY ISLES BLVD STE20  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name SHELOMOVITZ, SHOSHANA  
Address 252 SUNNY ISLES BLVD STE20  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** BARRY SHELOMOVITZ

**MANAGER**

**06/08/2020**

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

\_\_\_\_\_  
Date