

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000225896

Entity Name: 1402 AURORA PROJECT LLC**Current Principal Place of Business:**2875 NE 191ST STREET, SUITE 601
SUITE601
AVENTURA, FL 33180**Current Mailing Address:**2875 NE 191ST STREET, SUITE 601
SUITE601
AVENTURA, FL 33180 US**FEI Number:** 36-4910989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHALTS, DAVID
2875 NE 191ST STREET, SUITE 601
SUITE601
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 AMBR
Name SHALTS, DAVID
Address 2875 NE 191ST STREET, SUITE 601
City-State-Zip: AVENTURA FL 33180

Title AP
Name PAZ, ANAT
Address HAHARTZIT 3 ST.,
City-State-Zip: JERUSALEM ISRAEL

Title AP
Name DAN, BEN HUR
Address 34 RABBI LEVI ITZCHAK ST., ,
City-State-Zip: KFAR CHABAD ISRAEL 6084000

Title AP
Name AVRAHAM, FRENKEL
Address 7 ZEMACH ZEDEK ST. 6084000
City-State-Zip: KFAR CHABAD ISRAEL 6084000

Title MGR
Name PALAGI, SHAI YEHOSHUA
Address 20TH HAALONIM ST.,
City-State-Zip: NETANYA IL 42565-32

Title AP
Name SHLOMO, BERGER
Address 123 KEDEM
City-State-Zip: SHOHAM ISRAEL 6085000

Title AP
Name SEFI , SARID
Address 50 RAKEFET ST., ,
City-State-Zip: MOSHAV AMIKAM ISRAEL

Title AP
Name CHENI, LAHAV
Address HACHARTZIT 7/3 ST.,
City-State-Zip: JERUSALEM, ISRAEL

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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: DAVID SHALTS

CEO

03/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AP
Name AMNON , TREBISH
Address 27 MISHOL HANADAS ST.,
City-State-Zip: JERUSALEM , ISRAEL

Title AP
Name DANIEL , KHONNY
Address 153 JAFFA ST, ,
APARTMENT 73
City-State-Zip: JERUSALEM , ISRAEL