

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000241168

**Entity Name:** 3694 W. CITRUS TRACE #25, LLC

**Current Principal Place of Business:**

1919 NE 45 STREET  
SUITE 114  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

1919 NE 45 STREET  
SUITE 114  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCOTT ROSEN, PA  
1919 NE 45 ST.  
STE. 114  
FT. LAUDERDALE, FL 33308 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 ELDAR, DORON  
Address C/O SCOTT ROSEN, PA  
1919 NE 45 ST. STE. 114  
City-State-Zip: FT. LAUDERDALE FL 33308

*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:** DORON ELDAR

MGR

06/29/2020

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

\_\_\_\_\_  
Date