

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000256941

**Entity Name:** SHALOM COLLEGE LLC**Current Principal Place of Business:**3600 MYSTIC POINTE DR  
APT 617  
AVENTURA, FL 33180**Current Mailing Address:**3600 MYSTIC POINTE DR  
APT 617  
AVENTURA, FL 33180 US**FEI Number:** 83-2449500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANDESMAN & ASSOCIATES, LLC  
3600 MYSTIC POINTE DR  
APT 617  
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:** DOV LANDESMAN

01/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	SHALOM, DROR
Address	HUHIT 2
City-State-Zip:	LEHAVIM 853380

Title	MGR
Name	SHALOM, LEE
Address	1600 NE 1ST AVE APT 2304
City-State-Zip:	MIAMI FL 33132

Title	MGR
Name	SHALOM, ADI
Address	2950 NE 190TH ST APT 207
City-State-Zip:	AVENTURA FL 33180

*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:** ADI SHALOM

MGR

01/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date