

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000085605

**Entity Name:** MICHELLE HALFON TEAM, LLC

**Current Principal Place of Business:**

1000 5TH STREET  
SUITE 219  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 5TH STREET  
SUITE 219  
MIAMI BEACH, FL 33139 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SATOR MANAGEMENT, LLC  
1000 5TH STREET  
SUITE 219  
MIAMI BEACH, FL 33139 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:** ELEONORA TODARO

06/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HALFON, MICHELLE  
Address 1000 5TH STREET  
SUITE 219  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name TODARO, ELEONORA  
Address 1000 5TH STREET  
SUITE 219  
City-State-Zip: MIAMI BEACH FL 33139

*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:** ELEONORA TODARO

MANAGER

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date