

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000047040

**Entity Name:** 0 WATERFRONT TERRACE LLC

**Current Principal Place of Business:**

0 WATERFRONT TERRACE  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

2006 ST JOHNS BLUFF RD SOUTH  
JACKSONVILLE, FL 32246 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SHAPIRA, NIMROD  
2006 ST JOHNS BLUFF RD SOUTH  
JACKSONVILLE, FL 32246 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 SHAPIRA, NIMROD  
Address 3993 SAN JOSE PARK DR  
City-State-Zip: JACKSONVILLE FL 32217

*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:** NIMROD SHAPIRA

MANAGER

02/05/2021

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

\_\_\_\_\_ Date