

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000102617

**Entity Name:** 1043 WALNUT LLC

**Current Principal Place of Business:**

7701 W BAYMEADOWS CIR  
UNIT 1043  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7701 W BAYMEADOWS CIR  
UNIT 1043  
JACKSONVILLE, FL 32256 US

**FEI Number:** 85-0743374

**Certificate of Status Desired:** No

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

GOLDCHTEIN, CHEN  
7701 BAYMEADOWS CIR W  
UNIT 1043  
JACKSONVILLE, FL 32256 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 DESIREE, OWNBY  
Address 1776 OAK GROVE DRIVE S  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title AMBR  
Name KOREN, OZ  
Address POB 932  
City-State-Zip: BUFFALO NY 14207

Title AMBR  
Name GREENBERG, OLEG  
Address 9A RABBI AKIVA STREET  
APT 3  
City-State-Zip: NAHARIYA 22247-00

Title AMBR  
Name GOLDCHTEIN, CHEN  
Address 7701 BAYMEADOWS CIR W  
UNIT 1043  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name ITTAH, GAL  
Address PKEIN 4  
APT 42  
City-State-Zip: RECHOVOT ISRAEL

Title AMBR  
Name PERLAH, YAIR  
Address 7701 BAYMEADOWS CIR W  
UNIT 1043  
City-State-Zip: JACKSONVILLE FL 32256

*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:** CHEN GOLDCHTEIN

AMBR

02/07/2024

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

\_\_\_\_\_  
Date