

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000195533

**Entity Name:** 455 NE 62ND ST MTLV LLC

**Current Principal Place of Business:**

11700 NW 29TH PLACE  
SUNRISE, FL 33323

**Current Mailing Address:**

11700 NW 29TH PLACE  
SUNRISE, FL 33323 US

**FEI Number:** 36-4970676

**Certificate of Status Desired:** No

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

LAW OFFICES OF KEREN ADMONI P.A.  
8043 TWIN LAKE DRIVE  
BOCA RATON  
BOCA RATON, FL 33496 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            AMBR  
Name            SHIPONI, YARON  
Address        KIBBUTZ BEIT KAMA D.N. HANEDEV  
City-State-Zip: BEIT KAMA IS 85325-00

*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:** YARON SHIPONI

MR

01/07/2021

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

\_\_\_\_\_  
Date