

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000295652

**Entity Name:** KIMBERLY PH1 LLC

**Current Principal Place of Business:**

300 W ADAMS ST  
600  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

300 W ADAMS ST  
600  
JACKSONVILLE, FL 32202 US

**FEI Number:** 37-1983043

**Certificate of Status Desired:** No

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

URBAN PROPERTIES MANAGEMENT GROUP LLC  
300 W ADAMS ST  
600  
JACKSONVILLE, FL 32202 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 URBAN PROPERTIES MANAGEMENT GROUP LLC  
Address 5415 MISSOURI AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title AMBR  
Name URBAN INVESTMENTS GROUP LLC  
Address 5415 MISSOURI AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title MGR  
Name SIMONI, ELIRAN  
Address 1122 COUNTRY CLUB RD  
City-State-Zip: WILMINGTON NC 28403

Title MGR  
Name LAHAM, ABRAHAM  
Address 1122 COUNTRY CLUB RD  
City-State-Zip: WILMINGTON NC 28403

Title AUTHORIZED MEMBER  
Name ZANANI, DROR  
Address 5415 MISSOURI AVE  
City-State-Zip: JACKSONVILLE FL 32254

*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:** ELIRAN SIMONI

**MANAGER**

**04/06/2023**

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

\_\_\_\_\_  
Date