

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000343562

**Entity Name:** MYSTIC POINTE 606, LLC

**Current Principal Place of Business:**

19101 MYSTIC POINTE DR.  
UNIT 606  
AVENTURA, FL 33180

**Current Mailing Address:**

19101 MYSTIC POINTE DR.  
UNIT 606  
AVENTURA, FL 33180

**FEI Number: 85-3967306**

**Certificate of Status Desired: No**

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

PROFESSIONAL TITLE AND CLOSING SERVICES  
800 SE 4TH AVE  
STE 124  
HALLANDALE BEACH, FL 33009 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 AZULAY MILHEM, SION  
Address 1911 NE 187TH DR.  
City-State-Zip: NORTH MIAMI BEACH, FL 33179

Title AMBR  
Name AZULAY MILHEM, DANIEL  
Address 90 SW 3RD ST. APT 2905  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name AZULAY MILHEM, MICHEL  
Address 19101 MYSTIC POINTE DR. UNIT 606  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name AZULAY MILHEM, LISETTE  
Address 19101 MYSTIC POINTE DR. UNIT 606  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name AZULAY BENHAMU, JACOB  
Address 19101 MYSTIC POINTE DR. UNIT 606  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name MILHEM MUGRABI, ROSSI  
Address 19101 MYSTIC POINTE DR. UNIT 606  
City-State-Zip: AVENTURA FL 33180

*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: SION AZULAY MILHEM**

**OWNER**

**04/22/2021**

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

\_\_\_\_\_  
Date