

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000338589

**Entity Name:** DELTA FORCE MANAGEMENT LLC

**Current Principal Place of Business:**

13315 NE 6TH AVE  
OFFICE #1  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

13315 NE 6TH AVE  
OFFICE #1  
NORTH MIAMI, FL 33161 US

**FEI Number:** 88-3628774

**Certificate of Status Desired:** No

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

FEINBERG, JEFFREY  
4651 SHERIDAN ST  
SUITE 200  
HOLLYWOOD, FL 33021 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 CHELMINSKY, SHLOMO  
Address 13315 NE 6TH AVE., OFFICE #1  
City-State-Zip: NORTH MIAMI FL 33161

*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:** SHLOMO CHELMINSKY

AMBR

01/18/2023

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

\_\_\_\_\_  
Date