

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002010

Entity Name: CRYSTAL INVESTORS FLORIDA, LLC

Current Principal Place of Business:

17895 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17895 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 26-0160557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name CRYSTAL IF HOLDINGS, LLC
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CC
Name TRUMP, JULIUS
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CC
Name TRUMP, EDDIE
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP
Name HIRSCH, MARK
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, MGRD
Name ROBERTSON, JOHNATHAN
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP
Name TODES, MARK
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CFO, SVP
Name SHMUELI, OREN
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name GARCIA, ANDRES
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

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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: ANDRES GARCIA

TREASURER

09/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CONTROLLER

Name WEINFELD, GARY

Address 17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160