

2018 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
Name LIEB, JAMES
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AVP
Name TORPEY, CARITE L
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP, 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

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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: CARITE L TORPEY

AVP

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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