

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000002475

**Entity Name:** EBJ SAGAMORE LLC

**Current Principal Place of Business:**

4100 NE 2ND AVE  
SUITE 201/202  
MIAMI, FL 33137

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**3543902910CC**

**Current Mailing Address:**

4100 NE 2ND AVE  
SUITE 201/202  
MIAMI, FL 33137 US

**FEI Number:** 81-1862507

**Certificate of Status Desired:** Yes

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

JAVIER, GRANDA  
4100 NE 2ND AVE  
SUITE 201/202  
MIAMI, FL 33137 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:** JAVIER GRANDA

04/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: BEN-JOSEF, RON  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

Title: MANAGER  
Name: BEN-JOSEF, RONEN  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

Title: MANAGER  
Name: LOWENSTEIN, DIEGO  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

Title: MANAGER  
Name: GRANDA, JAVIER  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

Title: MANAGER  
Name: KANAVOS, PAUL  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

Title: MANAGER  
Name: KANAVOS, DAYSSI  
Address: 4100 NE 2ND AVE  
SUITE 201/202  
City-State-Zip: MIAMI FL 33137

*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:** JAVIER GRANDA

MANAGER

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date