

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001471

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** 9088 W. ATLANTIC BOULEVARD 517, LLC

**Current Principal Place of Business:**

10884 N.W. 12TH DRIVE  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

10884 N.W. 12TH DRIVE  
PLANTATION, FL 33322 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SCHIEBER, ORIT  
10884 N.W. 12TH DRIVE  
PLANTATION, FL 33322 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHIEBER, ORIT  
Address: 10884 N.W. 12TH DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM  
Name: SCHIEBER, YOSSEI  
Address: 10884 N.W. 12TH DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM  
Name: SHEIBER, SYLVIA  
Address: 10884 N.W. 12TH DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM  
Name: SCHIEBER, REUT  
Address: 10884 N.W. 12TH DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM  
Name: SCHIEBER, AMNON  
Address: 10884 N.W. 12TH DRIVE  
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SYLVIA SHEIBER

MGMR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date