

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000108894

Entity Name: S.F.R.E. GROUP L.L.C

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

565 NE 149TH STREET  
OFC  
NORTH MIAMI, FL 33161 US

**Current Mailing Address:**

P.O. BOX 15145  
PLANTATION, FL 33318 US

**New Principal Place of Business:**

2051 N UNIVERSITY DR  
OFC  
SUNRISE, FL 331322 US

**New Mailing Address:**

FEI Number: 45-4269500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHTRULL, IZAK  
565 NE 149TH STREET  
OFC/1  
NORTH MIAMI, FL 33161 US

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

SHTRULL, IZAK  
2051 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 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: IZAK SHTRULL

03/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHTRULL, IZAK  
Address: 2051 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: MMBR  
Name: CALIFA, CADURI  
Address: 2051 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM  
Name: LEVY, ITAMAR  
Address: 2051 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: MMBR  
Name: LEVY, AVITAL  
Address: 2051 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, FL 33322 US

Title: MMBR  
Name: AMIRAN, EREZ  
Address: 2051 N UNIVERSITY DRIVE  
City-St-Zip: SUNRISE, 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: IZAK SHTRULL

MGRM

03/11/2012

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