

h22 0000009019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

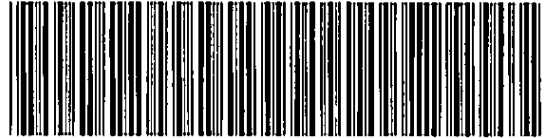
(Document Number)

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22 JAN 29 PM 3:09

T. MATTHEWS

FEB -4 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FOOD OF ALL NATIONS SUNRISE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIRAN ASSULIN

Name of Person

FOOD OF ALL NATIONS SUNRISE LLC

Firm/Company

3565 NE 207 ST SUITE A-1

Address

AVENTURA FL 33180

City/State and Zip Code

accounts@stfoan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliran Assulin

305 933-2888  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22.11.2011 11:3:09

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIRAN ASSULIN	3565 NE 207 ST SUITE A-1	<input type="checkbox"/> Add
		AVENTURA FL. 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ORIAN AZULAY	3565 NE 207 ST SUITE A-1	<input type="checkbox"/> Add
		AVENTURA FL. 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	YAKOV BLIVES	3565 NE 207 ST SUITE A-1	<input type="checkbox"/> Add
		AVENURA FL. 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

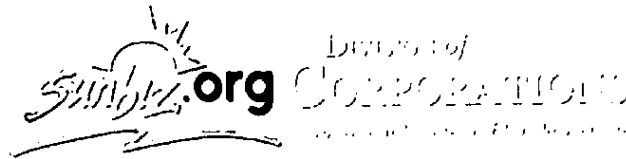
Dated JANUARY 21, 2021

*[Handwritten signature]*

Signature of a member or authorized representative of a member

ELIRAN ASSULIN

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
FOOD OF ALL NATIONS SUNRISE LLC

### Filing Information

**Document Number** L22000009019  
**FEI/EIN Number** NONE  
**Date Filed** 01/03/2022  
**Effective Date** 01/03/2022  
**State** FL  
**Status** ACTIVE

### Principal Address

7818 NW 44TH ST  
SUNRISE, FL 33351

### Mailing Address

7818 NW 44TH ST  
SUNRISE, FL 33351

3565 NE 207 St. Suite A1  
Aventura FL 33180

### Registered Agent Name & Address

ASSULIN, ELIRAN  
7818 NW 44TH ST  
SUNRISE, FL 33351

### Authorized Person(s) Detail

#### **Name & Address**

Title **P MCP**

ASSULIN, ELIRAN  
3565 NE 207 ST. SUITE A-1  
AVENTURA, FL 33318-0

Title **VP MGD**

AZULAY, ORIAN  
3565 NE 207 ST. SUITE A-1  
AVENTURA, FL 33180

Title **T MGD**

BLIVES, YAKOV