

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050797

**Entity Name:** ATT INVESTMENTS, LLC

**Current Principal Place of Business:**

19101 MYSTIC POINTE DR.  
SUITE 2511  
AVENTURA, FL 33180

**Current Mailing Address:**

19101 MYSTIC POINTE DR.  
SUITE 2511  
AVENTURA, FL 33180

**FEI Number:** 13-4282809

**Certificate of Status Desired:** Yes

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

ARKADY, TEPLITSKY  
19101 MYSTIC POINTE DR. # 2511  
AVENTURA, FL 33180 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 MGRM  
Name TEPLITSKY, ARKADY  
Address 19101 MYSTIC POINTE DR. # 2511  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name SHLAFSHTEN, YAKOV  
Address 218 HIDDEN LAKE DR.  
City-State-Zip: MORGANVILLE NJ 07751

Title MGRM  
Name PATEL, SHARAD  
Address 18128 CLEARBROOK CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name RUSSIONELLO, JOSEPH  
Address 3321 NE 59TH STREET  
City-State-Zip: FT LAUDERDALE FL 33308

Title MGRM  
Name ENTRUST ADM. SERVICES F/B/O  
ALAN BENJAMIN  
Address 17331 SPRINGTREE LANE  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name KRAMER, KEVIN  
Address 9571 EAST LAKE DR  
City-State-Zip: BOCA RATON FL 33434

*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:** ARKADY TEPLITSKY

**MANAGER**

**02/05/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date