

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058576

**Entity Name:** TAWIL, LLC

**Current Principal Place of Business:**

1111 PARK CENTRE BLVD  
SUITE 450  
MIAMI, FL 33169

**Current Mailing Address:**

1111 PARK CENTRE BLVD  
SUITE 450  
MIAMI, FL 33169

**FEI Number:** 26-2891437

**Certificate of Status Desired:** No

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

SHOSHANI, NIR  
1111 PARK CENTRE BLVD  
SUITE 450  
MIAMI, FL 33169 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           MANAGER, AUTHORIZED MEMBER  
Name           TAWIL, MOISES ANDRES  
Address        1111 PARK CENTRE BLVD SUITE 450  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name           TAWIL, TOMAS EZEQUIEL  
Address        1111 PARK CENTRE BLVD 450  
City-State-Zip: MIAMI FL 33169

Title           AUTHORIZED MEMBER  
Name           PERELMAN, PATRICIA MIRTHA  
Address        1111 PARK CENTRE BLVD SUITE 450  
City-State-Zip: MIAMI FL 33169

*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:** MOISES ANDRES TAWIL

**MANAGER**

**04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date