## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029528

Entity Name: D.L.E. FLORIDA INVESTMENTS, LLC

**Current Principal Place of Business:** 

1884 N UNIVERSITY DRIVE AT LANDRICH RE SUNRISE, FL 33322

**FILED** Mar 02, 2016 **Secretary of State** CC3192471204

## **Current Mailing Address:**

1884 N UNIVERSITY DRIVE AT LANDRICH RE SUNRISE, FL 33322 US

FEI Number: 90-0589546 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHTRULL, IZAK 1884 N UNIVERSITY DRIVE AT LANDRICH RE 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:

Date

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

Electronic Signature of Registered Agent

Name LICHTER, DAN Name ADAN, OMER

1884 N UNIVERSITY DRIVE 1884 N UNIVERSITY DRIVE Address Address

AT LANDRICH RE AT LANDRICH RE

City-State-Zip: SUNRISE FL 33322 City-State-Zip: SUNRISE FL 33322

Title **MGRM** Title **MGRM** 

Name PAZ, NIZAN Name KARSILOVSKI, ILAN

Address 1884 N UNIVERSITY DRIVE Address 1884 N UNIVERSITY DRIVE

AT LANDRICH RE AT LANDRICH RE

City-State-Zip: SUNRISE FL 33322 City-State-Zip: SUNRISE FL 33322

Title N/A Title N/A N/A, N/A N/A, N/A Name Name Address N/A Address N/A

N/A FL 00000 City-State-Zip: City-State-Zip: N/A FL 00000

SIGNATURE: ADAN, OMER

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.