

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110899

**Entity Name:** 933 BLANDING HOLDINGS, LLC

**Current Principal Place of Business:**

933 BLANDING BOULEVARD  
ORANGE PARTK, FL 32065

**Current Mailing Address:**

C/O THE BERNSTEIN LAW FIRM  
3050 BISCAYNE BOULEVARD SUITE 403  
MIAMI, FL 33137 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

THE BERNSTEIN LAW FIRM  
3050 BISCAYNE BOULEVARD  
SUITE 403  
MIAMI, FL 33137 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, CO-TRUSTEE  
Name            ANAVIM, EYAL  
Address         C/O THE BERNSTEIN LAW FIRM  
                  3050 BISCAYNE BOULEVARD SUITE  
                  403  
City-State-Zip: MIAMI FL 33137

Title           MANAGER, CO-TRUSTEE  
Name            DUCHMAN, JOSEPH  
Address         C/O THE BERNSTEIN LAW FIRM  
                  3050 BISCAYNE BOULEVARD SUITE  
                  403  
City-State-Zip: MIAMI FL 33137

Title           MANAGER, CO-TRUSTEE  
Name            DADON, ASHER  
Address         C/O THE BERNSTEIN LAW FIRM  
                  3050 BISCAYNE BOULEVARD SUITE  
                  403  
City-State-Zip: MIAMI FL 33137

*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:** JOSEPH DUCHMAN

**MANAGER**

**04/29/2019**

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

\_\_\_\_\_  
Date