

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000019223

Entity Name: 8264 SW 29 ST, LLC.

Current Principal Place of Business:

8320 W SUNRISE BLVD
SUITE 207
PLANTATION, FL 33322

Current Mailing Address:

8320 W SUNRISE BLVD SUIT 207
PLANTATION, FL 33322 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BADASH, OFIR
8320 W SUNRISE BLVD
SUITE 207
PLANTATION, 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: OFIR BADASH

01/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------------|-----------------|------------------------------|
| Title | MGRM | Title | MGRM |
| Name | IPALE, MIKHAEL | Name | IPALE, SARA |
| Address | 8320 W SUNRISE BLVD SUITE 207 | Address | 8320 W SUNRISE BLVD SUIT 207 |
| City-State-Zip: | PLANTATION FL 33322 | City-State-Zip: | PLANTATION FL 33322 |
| | | | |
| Title | MANAGER | | |
| Name | BADASH, OFIR | | |
| Address | 8320 W SUNRISE BLVD SUITE 207 | | |
| City-State-Zip: | PLANTATION FL 33322 | | |

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: OFIR BADASH

MANAGER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date