

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000043807

**Entity Name:** HATZLACHA LLC

**Current Principal Place of Business:**

4045 SHERIDAN AVE  
SUITE 216  
MIAMI, FL 33140

**Current Mailing Address:**

4045 SHERIDAN AVE  
SUITE 216  
MIAMI, FL 33140 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WINKLER, BENJAMIN  
4045 SHERIDAN AVE  
SUITE 216  
MIAMI, FL 33140 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 BITACHON LLC  
Address 4045 SHERIDAN AVE SUITE 216  
City-State-Zip: MIAMI FL 33140

*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:** BENJAMIN WINKLER

**MANAGER**

**04/28/2016**

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

\_\_\_\_\_  
Date