

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000062648

**Entity Name:** 1635 SEACREST LLC

**Current Principal Place of Business:**

20283 STATE ROAD 7  
SUITE 104  
BOCA RATON, FL 33498

**Current Mailing Address:**

C/O TR THE TAXMAN INC, 9858 CLINT MOORE RD  
SUITE C111-131  
BOCA RATON, FL 33496 US

**FEI Number:** 46-5571769

**Certificate of Status Desired:** No

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

T R THE TAXMAN INC.  
9858 CLINT MOORE RD.,  
SUITE C-111-131  
BOCA RATON, FL 33496 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 GAFRI, IRIS  
Address 11521 ISLAND LAKES LN  
City-State-Zip: BOCA RATON FL 33498

Title MGRM  
Name 441 MANAGEMENT LLC  
Address 20283 STATE ROAD 7, SUITE 300  
City-State-Zip: BOCA RATON FL 33498

Title AUTHORIZED REPRESENTATIVE  
Name GAFRI, RAANAN  
Address 20283 STATE ROAD 7  
SUITE 300  
City-State-Zip: BOCA RATON FL 33498

*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:** IRIS GAFRI

**MGRM**

**05/10/2020**

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

\_\_\_\_\_  
Date