

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000101895

**Entity Name:** JOFFE HOLDINGS LLC

**Current Principal Place of Business:**

7901 4TH ST N  
STE 300 ST  
PETERSBURG, FL 33702

**Current Mailing Address:**

9 ZALMAN SHAZAR ST  
APT 99  
HOD HASHARON, 4537205 IL

**FEI Number:** 42-1776189

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 JOFFE, GAI A  
Address 9 ZALMAN SHAZAR ST  
APT 99  
City-State-Zip: HOD HASHARON 4537205

Title MGRM  
Name JOFFE, TALYA  
Address 9 ZALMAN SHAZAR ST  
APT 99  
City-State-Zip: HOD HASHARON 4537205

*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:** GAI JOFFE

MR

02/09/2023

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

\_\_\_\_\_  
Date