

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000101895

**Entity Name:** JOFFE HOLDINGS LLC

**Current Principal Place of Business:**

709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

**Current Mailing Address:**

709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914 US

**FEI Number:** 42-1776189

**Certificate of Status Desired:** No

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

SWAN, LAWRENCE  
709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914 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

Title AMBR  
Name SHLOMI, DROR  
Address 709 CAPE CORAL PKWY W  
City-State-Zip: CAPE CORAL FL 33914

*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 AHARON JOFFE

MR

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date