

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148392

**Entity Name:** ELSADY 18 LLC

**Current Principal Place of Business:**

134 S DIXIE HIGHWAY  
SUITE 209  
HALLANDALE BEACH, FL 33009

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC3540288552**

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR  
415  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 46-3947131

**Certificate of Status Desired:** No

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

CHOCRON, SADIA  
1835 NE MIAMI GARDENS DR # 415  
NORTH MIAMI BEACH , FL 33179 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	Title	MGRM
Name	CHOCRON, SADIA	Name	KASWAN, ELENA
Address	1835 NE MIAMI GARDENS DR 415	Address	1835 NE MIAMI GARDENS DR #415
City-State-Zip:	NORTH MIAMI BEACH FL 33179	City-State-Zip:	NORTH MIAMI BEACH FL 33179

*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:** SADIA CHOCRON

**MGRM**

**02/10/2016**

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

\_\_\_\_\_  
Date