

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000001149

**Entity Name:** 1542 GROVE, LLC

**Current Principal Place of Business:**

2875 NE 191ST STREET,  
SUITE 601  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST STREET, SUITE 601  
SUITE 601  
AVENTURA, FL 33180 US

**FEI Number:** 47-2676270

**Certificate of Status Desired:** No

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

SHALTS, DAVID  
738 DEAN WAY  
FORT MYERS, FL 33919 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 AMBR  
Name SHALTS, DAVID  
Address 410 LEVI YITZCHAK ST.  
City-State-Zip: KFAR CHABAD TA 60840

Title AP  
Name BLECHER, AMIR  
Address 9 HALONIM STREET, APT 41  
City-State-Zip: BEAR TASK OVER TA 70300

Title AP  
Name COHEN, ZION  
Address 2775 MESA VERDA DR. E  
City-State-Zip: COSTA MESA CA 92626

Title AP  
Name NAHUM, BEN  
Address ABBA HILLEL 140 STREET  
City-State-Zip: RAMAT GAN TA 52001

Title AP  
Name NAHMIAS, YOVEL  
Address 37 KINERET ST  
City-State-Zip: ALFEI MENASHE,ISRAEL 44851 AL

Title AP  
Name KOCHKEK, EDUARD  
Address MENACHEM AVIDOM 6 ST  
City-State-Zip: BER SHEVA, ISRAEL AL

*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:** DAVID SHALTS

CEO

08/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date