## 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: GIDEON GRATSIANI

Electronic Signature of Signing Authorized Person(s) Detail

04/08/2016

GRATSIANI, GIDEON 975 NORTH MIAMI BEACH BLVD NORTH MIAMI BEACH, FL 33162 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.

The above halled						
SIGNATURE:	GIDEON GRATSIANI			04/08/2016 Date		
	Electronic Signature of Registered Agent			Date		
Authorized P	Person(s) Detail :					
Title	MGRM	Title	MGRM			
Name	42912 LLC	Name	OREN, ADLER			
Address	PO BOX 893	Address	PO BOX 820			
City-State-Zip:	HALLANDALE FL 33008	City-State-Zip:	HALLANDALE FL 33008			

2016 FLORIDA	LIMITED LIABILITY	COMPANY	ANNUAL	<b>REPORT</b>

DOCUMENT# L15000098490

Entity Name: ADLER REAL ESTATE HOLDINGS 2, LLC

## **Current Principal Place of Business:**

975 NORTH MIAMI BEACH BLVD NORTH MIAMI BEACH. FL 33162

### **Current Mailing Address:**

PO BOX 893 HALLANDALE, FL 33008 US

## FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

REGISTERED AGENT

Date

#### FILED Apr 08, 2016 Secretary of State CC8370198072

Certificate of Status Desired: No