

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000101348

**Entity Name:** 17440 GEORGIA, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 47-4249146

**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 738 DEAN WAY  
City-State-Zip: FORT MYERS FL 33919

Title AP  
Name LEV, OR  
Address HAGEFEN 29  
City-State-Zip: BEAR YAHAKOV 7030273

Title AP  
Name YECHEZKEL, IDAN  
Address 23 GUSH ETZION ST  
City-State-Zip: HADERA 3824868

Title AP  
Name NACHTOMI, ORIT  
Address POB 565  
City-State-Zip: MIGDAL 1495000

Title AP  
Name ELKANA , SHLOMIT  
Address 50 RAKEFET ST.,  
City-State-Zip: MOSHAV AMIKAM 3783000

*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

08/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date