

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000149144

**Entity Name:** MIS NW 345 LLC

**Current Principal Place of Business:**

18305 BISCAYNE BOULEVARD  
SUITE 302  
AVENTURA, FL 33160

**Current Mailing Address:**

18305 BISCAYNE BOULEVARD  
SUITE 302  
AVENTURA, FL 33160 US

**FEI Number:** 47-5673940

**Certificate of Status Desired:** No

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

MIZRAHI, OFER  
18305 BISCAYNE BOULEVARD  
SUITE 302  
AVENTURA, FL 33160 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 MGR  
Name MIZRAHI, OFER  
Address 18305 BISCAYNE BOULEVARD, SUITE  
302  
City-State-Zip: AVENTURA FL 33160

*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:** OFER MIZRAHI

**PRES**

**03/29/2016**

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

\_\_\_\_\_  
Date