

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000153016

**Entity Name:** ELIOR BEN ZAKEN LLC

**Current Principal Place of Business:**

1423 SE 10TH STREET  
SUITE 1  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1423 SE 10TH STREET  
SUITE 1  
CAPE CORAL, FL 33990 US

**FEI Number:** 47-5049537

**Certificate of Status Desired:** No

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

KEDEM, ILAN  
1423 SE 10TH STREET  
SUITE 1  
CAPE CORAL, FL 33990 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:** ILAN KEDEM

04/10/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KEDEM, ILAN  
Address 1423 SE 10TH STREET, SUITE 1  
City-State-Zip: CAPE CORAL FL 33990

Title MGRM  
Name BEN ZAKEN, ELIOR  
Address 1423 SE 10TH STREET, SUITE 1  
City-State-Zip: CAPE CORAL FL 33990

*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:** ILAN KEDEM

MGR

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date