

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000007083

**Entity Name:** BENYAMINI FLORIDA LLC

**Current Principal Place of Business:**

411 NE 2ND AVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

411 NE 2ND AVE  
HALLANDALE, FL 33009 US

**FEI Number: 81-1100359**

**Certificate of Status Desired: No**

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

PANDO, OR MR  
6950 PHILIPS HWY  
STE 27  
JACKSONVILLE, FL 32216 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               | Title           | AMBR               |
| Name            | BENYAMINI, ANAT    | Name            | BENYAMINI, YARON   |
| Address         | 24 HASAVION STREET | Address         | 24 HASAVION STREET |
| City-State-Zip: | ORANIT 4481300     | City-State-Zip: | ORANIT 4481300     |

*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: ANAT BENYAMINI**

**AMBR**

**01/14/2018**

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

\_\_\_\_\_  
Date