

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000007083

Entity Name: REALIFE FLORIDA 11 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
Name REALIFE MANAGEMENT GROUP LLC
Address 6950 PHILIPS HWY
City-State-Zip: JACKSONVILLE FL 32216

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: ERAN KENDELKER

ERAN KENDELKER

03/25/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date