

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000101667

**Entity Name:** 2536 HERSCHEL LLC

**Current Principal Place of Business:**

1080 EDGEWOOD AVE S  
UNIT 6  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1080 EDGEWOOD AVE S  
UNIT 6  
JACKSONVILLE, FL 32205 US

**FEI Number:** 81-2904775

**Certificate of Status Desired:** Yes

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

DUVAL HOMES REAL ESTATE LLC  
1080 EDGEWOOD AVE S  
UNIT 6  
JACKSONVILLE, FL 32205 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 LEIBEL INVESTMENTS GROUP LLC  
Address 21 DERECH HAHADAS  
City-State-Zip: BURGATA 4286000

Title AMBR  
Name SHIMONI, JACOB MR  
Address 37 MEKIMEY HAGADER  
City-State-Zip: OFRA IL 90627

Title AMBR  
Name SHIMONI, BINYAMIN MR  
Address 37 MEKIMEY HAGADER  
City-State-Zip: OFRA IL 90627

Title AMBR  
Name VANUNU, DANIEL MR  
Address 12 HAMARGANIT ST  
City-State-Zip: ZORAN IL 60920

Title AMBR  
Name WISKIND, ROTEM MR  
Address 14A HASEORA ST  
City-State-Zip: BINYAMINA IL 30560-07

Title AMBR  
Name WISKIND, SHIRI MRS  
Address 14A HASEORA ST  
City-State-Zip: BINYAMINA IL 30560-07

Title AMBR  
Name FRYMAN, LIHI PINTO  
Address 11 TOTZERET HAARETZ  
City-State-Zip: TEL AVIV

*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:** NIR LEIBEL

MGR

04/25/2018

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

\_\_\_\_\_  
Date