

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000219283

**Entity Name:** 25 28 PALM AIRE LLC

**Current Principal Place of Business:**

541 AVELLINO ISLES CIRCLE  
UNIT 30201  
NAPLES, FL 34119

**Current Mailing Address:**

541 AVELLINO ISLES CIRCLE  
UNIT 30201  
NAPLES, FL 34119 US

**FEI Number:** 16-0002192

**Certificate of Status Desired:** No

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

PRA FL, LLC  
541 AVELLINO ISLES CIRCLE  
UNIT 30201  
NAPLES, FL 34119 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 AUTHORIZED MEMBER  
Name PEER , AMIR  
Address 541 AVELLINO ISLES CIRCLE  
UNIT 30201  
City-State-Zip: NAPLES FL 34119

Title AUTHORIZED MEMBER  
Name AKRISH, SHACHAR  
Address 541 AVELLINO ISLES CIRCLE  
UNIT 30201  
City-State-Zip: NAPLES FL 34119

Title AUTHORIZED MEMBER  
Name REUVEN, SHARON  
Address 541 AVELLINO ISLES CIRCLE  
UNIT 30201  
City-State-Zip: NAPLES FL 34119

*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:** AMIR PEER

**MEMBER**

**02/06/2023**

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

\_\_\_\_\_  
Date