

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002076

**FILED**  
**Jun 23, 2020**  
**Secretary of State**  
**8477505478CC**

**Entity Name:** 171 DEVOE STREET INVESTORS, LLC

**Current Principal Place of Business:**

709 CAPE CORAL PKWY W.  
CAPE CORAL, FL 33914

**Current Mailing Address:**

709 CAPE CORAL PKWY W.  
CAPE CORAL, FL 33914 US

**FEI Number: 82-4303372**

**Certificate of Status Desired: No**

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

SWAN, LAWERENCE  
709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914 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            SIVAN, OFIR  
Address        709 CAPE CORAL PKWY W.  
City-State-Zip: CAPE CORAL FL 33914

Title            AMBR  
Name            GABAY, EITAN  
Address        709 CAPE CORAL PKWY W.  
City-State-Zip: CAPE CORAL FL 33914

Title            AMBR  
Name            LONG LIFE HOME, LLC  
Address        709 CAPE CORAL PKWY W.  
City-State-Zip: CAPE CORAL FL 33914

*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: EITAN GABAY**

**AMBR**

**06/23/2020**

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

\_\_\_\_\_  
Date