

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000023258

**Entity Name:** MAZAL MOCHE LLC

**Current Principal Place of Business:**

NORTH KEENE ROAD  
APT 629A  
CLEARWATER, FL 33577

**Current Mailing Address:**

POB 4134  
CLEARWATER, FL 33758 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOSHE, AMIR A MR  
629A NORTH KEENE RD  
APT A  
CLEARWATER, FL 33755 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 MOCHE, MAZAL M MISS  
Address HALOHAMIM 21  
City-State-Zip: HOLON X 58112-02  
  
Title MGR  
Name MOSHE, MAAYAN  
Address 629 NORTH KEENE RD APT A  
City-State-Zip: CLEARWATER FL 33755

Title MGR  
Name MOSHE, AMIR A MR  
Address POB 4134  
City-State-Zip: CLEARWATER FL 33755

*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 MOSHE

**MGR**

**03/23/2021**

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

\_\_\_\_\_  
Date