

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000131436

**Entity Name:** DORAL WD 41 LLC

**Current Principal Place of Business:**

1391 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1391 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TEITELBAUM, ORLI  
1391 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 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           MANAGER  
Name           BALOGH, ROBERT  
Address        1391 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title           MANAGER  
Name           CASTER, STEVEN  
Address        950 JEFFERSON ST  
City-State-Zip: HOLLYWOOD FL 33019

Title           AUTHORIZED MEMBER  
Name           TEITELBAUM, ORLI  
Address        1391 SAWGRASS CORPORATE  
                  PARKWAY  
City-State-Zip: SUNRISE FL 33323

*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:** ORLI TEITELBAUM

**MANAGER/MEMBER**

**01/16/2019**

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

\_\_\_\_\_  
Date