

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000152219

**Entity Name:** MALION SATINLEAF LLC

**Current Principal Place of Business:**

1014 STANLEY AVE  
BROOKLYN, NY 11208

**Current Mailing Address:**

1014 STANLEY AVE  
BROOKLYN, NY 11208 US

**FEI Number:** 86-3254302

**Certificate of Status Desired:** No

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

PLATINUM AGENT SERVICES LLC  
155 OFFICE PLAZA DR  
TALLAHASSEE, FL 32301 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            BERKOWITZ, MITCHEL  
Address        1014 STANLEY AVE  
City-State-Zip: BROOKLYN NY 11208

Title            AUTHORIZED MEMBER  
Name            RAPPOPORT, ESRIEL  
Address        1014 STANLEY AVE  
City-State-Zip: BROOKLYN NY 11208

*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:** MITCHEL BERKOWITZ

**MEMBER**

**04/29/2025**

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

\_\_\_\_\_  
Date