

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000346302

**Entity Name:** 215 ARLINGTON RD WPB, LLC

**Current Principal Place of Business:**

3300 S DIXIE HYW  
101  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

3300 S DIXIE HYW  
101  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 87-2048793

**Certificate of Status Desired:** No

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

SIERRA, CHRISTOPHER A CPA  
6036 SW 13 TERRACE  
WEST MIAMI, FL 33144 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 TSUCKERBERG, ADI  
Address 3300 S DIXIE HYW, STE 101  
City-State-Zip: WEST PALM BEACH FL 33405

Title SILENT MEMBER  
Name AZULAY, AVSHALOM  
Address 3300 S DIXIE HYW  
101  
City-State-Zip: WEST PALM BEACH FL 33405

Title SILENT MEMBER  
Name PORAT, HAREL  
Address 3300 S DIXIE HYW  
101  
City-State-Zip: WEST PALM BEACH FL 33405

Title SILENT MEMBER  
Name EZIONI, ALON  
Address 3300 S DIXIE HYW  
101  
City-State-Zip: WEST PALM BEACH FL 33405

Title SILENT MEMBER  
Name SNIR, YANIV  
Address 3300 S DIXIE HYW  
101  
City-State-Zip: WEST PALM BEACH FL 33405

*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:** ADI TSUCKERBERG

**MANAGER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date