

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000405373

**Entity Name:** MAZAL LIAM LLC

**Current Principal Place of Business:**

5111 WEST KNOX ST  
TAMPA, FL 33634

**Current Mailing Address:**

5111 WEST KNOX ST  
TAMPA, FL 33634 US

**FEI Number:** 87-2891952

**Certificate of Status Desired:** No

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

MAMAN, AVIHAY  
10215 WOODFORD BRIDGE ST.  
TAMPA, FL 33626 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 MACCABI PERSONAL PROPERTY TRUST  
Address 5111 WEST KNOX ST.  
City-State-Zip: TAMPA FL 33634

*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:** MAMAN

MGR

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date