

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000002019

**Entity Name:** BE BLACKFALCON SFR LLC

**Current Principal Place of Business:**

500 E. LAS OLAS BLVD.  
APT. 4206  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

500 E. LAS OLAS BLVD.  
APT. 4206  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 92-1790668

**Certificate of Status Desired:** No

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

SHARABI, SHAUN  
500 E. LAS OLAS BLVD.  
APT. 4206  
FORT LAUDERDALE, FL 33301 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 SHARABI, SHAUN  
Address 500 E. LAS OLAS BLVD., APT. 4206  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** SHAUN SHARABI

**MGR**

**04/28/2023**

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

\_\_\_\_\_  
Date