

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029693

Entity Name: LDC SOUTH FLORIDA VENTURES, LLC**Current Principal Place of Business:**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**Current Mailing Address:**550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134**FEI Number:** 20-1765389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHECHTER, ROSA EESQ.
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134 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	P
Name	STERN, RODOLFO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	V
Name	STERN, EDUARDO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	HORWITZ, ROBERTO
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	V
Name	SERVIANSKY, DAVID
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	ECKSTEIN, BERNARD
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	CEPERO, VIRGINIA
Address	550 BILTMORE WAY, SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

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: RODOLFO STERN**PRESIDENT****04/21/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date