

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083185

Entity Name: LDC MANAGEMENT, 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:** 20-4463461**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	VP
Name	STERN, RODOLFO
Address	550 BILTMORE WAY SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134

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

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

Title	VP
Name	STERN, EDUARDO
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: DAVID SERVANSKY

PRESIDENT

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date