## 2020 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, SUITE1110 CORAL GABLES, FL 33134

# FEI Number: 20-4463461

# Name and Address of Current Registered Agent:

SCHECHTER, ROSA EESQ. 550 BILTMORE WAY, SUITE1110 CORAL GABLES, FL 33134 US 0619280382CC

Certificate of Status Desired: No

FILED Jun 18, 2020

Secretary of State

Date

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

## Authorized Person(s) Detail :

Title	VP	Title	PRESIDENT
Name	STERN, RODOLFO	Name	SERVIANSKY, DAVID
Address	550 BILTMORE WAY SUITE 1110	Address	550 BILTMORE WAY SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VP	Title	VP
Name	HORWITZ, ROBERTO	Name	STERN, EDUARDO
Address	550 BILTMORE WAY SUITE 1110	Address	550 BILTMORE WAY SUITE 1110
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	D	Title	TREASURER
Title Name	D ECKSTEIN, BERNARD	Title Name	TREASURER CEPERO, VIRGINIA
	-		
Name	ECKSTEIN, BERNARD	Name	CEPERO, VIRGINIA
Name Address	ECKSTEIN, BERNARD 550 BILTMORE WAY SUITE 1110	Name Address	CEPERO, VIRGINIA 550 BILTMORE WAY, SUITE 1110
Name Address City-State-Zip:	ECKSTEIN, BERNARD 550 BILTMORE WAY SUITE 1110 CORAL GABLES FL 33134	Name Address	CEPERO, VIRGINIA 550 BILTMORE WAY, SUITE 1110
Name Address City-State-Zip: Title	ECKSTEIN, BERNARD 550 BILTMORE WAY SUITE 1110 CORAL GABLES FL 33134 VP	Name Address	CEPERO, VIRGINIA 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 SERVIANSKY

PRESIDENT

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date