## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000177192

Entity Name: 1223 COCONUT DRIVE, LLC

## **Current Principal Place of Business:**

7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 US

## FEI Number: 47-5357134

## Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC. 7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 US

Certificate of Status Desired: No

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 :

	reison(s) Detail.		
Title	AP	Title	AP
Name	PORAT, VARDA AND AMIR	Name	PORAT, OFIR
Address	41/7 RACHEL IMENU	Address	54/1 USISHKIN ST.
City-State-Zip:	MODIIN MACCABIM REUT, 7174200	City-State-Zip:	TEL AVIV JAFFA
Title	AP	Title	AP
Name	METOKI, DRORIT	Name	KABAKOV, ELIAS
Address	35 ARAZIM ST.,	Address	19 NAHAL HAYARMUCH ST., APT 5 ,
City-State-Zip:	MEVASERET ZION 9070235	City-State-Zip:	MODIIN 7170361
Title		Title	AP
THE	AP	The	Ar
Name	AP SHRAGA, MICHAL	Name	KHESIN, SOPHIA
Name	SHRAGA, MICHAL	Name	KHESIN, SOPHIA
Name Address	SHRAGA, MICHAL 13 SAN-MARTIN ST.,	Name Address	KHESIN, SOPHIA 41/4 HACARMEL ST.,
Name Address City-State-Zip:	SHRAGA, MICHAL 13 SAN-MARTIN ST., RAMAT GAN 5223723	Name Address City-State-Zip:	KHESIN, SOPHIA 41/4 HACARMEL ST., GANE-TIKVA 5591631
Name Address City-State-Zip: Title	SHRAGA, MICHAL 13 SAN-MARTIN ST., RAMAT GAN 5223723 AP	Name Address City-State-Zip: Title	KHESIN, SOPHIA 41/4 HACARMEL ST., GANE-TIKVA 5591631 AP
Name Address City-State-Zip: Title Name	SHRAGA, MICHAL 13 SAN-MARTIN ST., RAMAT GAN 5223723 AP CHERNOY, YULIA	Name Address City-State-Zip: Title Name	KHESIN, SOPHIA 41/4 HACARMEL ST., GANE-TIKVA 5591631 AP LEIBOVITCH , SHOSH AND ADY

### **Continues on page 2**

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.

#### 02/03/2023 SIGNATURE: GABRIEL DAVID MANAGER Electronic Signature of Signing Authorized Person(s) Detail Date

FILED Feb 03, 2023 Secretary of State 8741798601CC

Date

# Authorized Person(s) Detail Continued :

Title	AP	Title	AP
Name	AZULAY, PNINA AND MORDECHAI	Name	BONEH , DAPHNA
Address	39/42 YEHOSHUA BEN GAMLA ST.	Address	18 IBEN GVIROL ST.,
City-State-Zip:	HOD HASHARON	City-State-Zip:	KFAR SABA 4439317
Title	AP	Title	MGR
Name	MARK, NOAM	Name	DAVID, GABRIEL
Address	21/2 MISMAR HAYARDEN ST.,	Address	7901 4TH ST N STE 300
City-State-Zip:	AFULA 1841225	City-State-Zip:	ST. PETERSBURG FL 33702
Title	AP	Title	AP
Name	YECHEZKEL, IDAN	Name	BUHBUT, ROEI
Address	23 GUSH ETZION ST.	Address	4 KATIF ST.
City-State-Zip:	HADERA	City-State-Zip:	NETIVOT