

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000177192

**Entity Name:** 1223 COCONUT DRIVE, LLC

**Current Principal Place of Business:**

2875 NE 191ST STREET,  
SUITE 601  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST STREET,  
SUITE 601  
AVENTURA, FL 33180 US

**FEI Number:** 47-5357134

**Certificate of Status Desired:** No

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

DAVID, GABRIEL  
2875 NE 191ST STREET,  
SUITE 601  
AVENTURA, FL 33180 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 AP  
Name PORAT, VARDA AND AMIR  
Address 41/7 RACHEL IMENU  
City-State-Zip: MODIIN MACCABIM REUT, 7174200

Title AP  
Name PORAT, OFIR  
Address 54/1 USISHKIN ST.  
City-State-Zip: TEL AVIV JAFFA

Title AP  
Name METOKI, DRORIT  
Address 35 ARAZIM ST.,  
City-State-Zip: MEVASERET ZION 9070235

Title AP  
Name KABAKOV, ELIAS  
Address 19 NAHAL HAYARMUCH ST., APT 5 ,  
City-State-Zip: MODIIN 7170361

Title AP  
Name SHRAGA, MICHAL  
Address 13 SAN-MARTIN ST.,  
City-State-Zip: RAMAT GAN 5223723

Title AP  
Name KHESIN, SOPHIA  
Address 41/4 HACARMEL ST.,  
City-State-Zip: GANE-TIKVA 5591631

Title AP  
Name CHERNOY, YULIA  
Address 21/33 SHALOM ESH ST  
City-State-Zip: TEL AVIV

Title AP  
Name LEIBOVITCH , SHOSH AND ADY  
Address 68 SHENKIN ST.,  
City-State-Zip: GIVATAIM 5330508

**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.*

**SIGNATURE:** GABRIEL DAVID

**MANAGER**

**06/26/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AP  
Name AZULAY, PNINA AND MORDECHAI  
Address 39/42 YEHOASHUA BEN GAMLA ST.  
City-State-Zip: HOD HASHARON

Title AP  
Name MARK , NOAM  
Address 21/2 MISMAR HAYARDEN ST.,  
City-State-Zip: AFULA 1841225

Title AP  
Name YECHEZKEL, IDAN  
Address 23 GUSH ETZION ST.  
City-State-Zip: HADERA

Title AP  
Name SHALTS, DAVID  
Address 487 LEVI YITZCHAK ST  
City-State-Zip: KFAR CHABAD

Title AP  
Name BONEH , DAPHNA  
Address 18 IBEN GVIROL ST.,  
City-State-Zip: KFAR SABA 4439317

Title MGR  
Name DAVID, GABRIEL  
Address 2875 NE 191ST STREET #601  
City-State-Zip: AVENTURA FL 33180

Title AP  
Name BUHBUT, ROEI  
Address 4 KATIF ST.  
City-State-Zip: NETIVOT