

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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:

SHALTS, DAVID
738 DEAN WAY
FORT MYERS, FL 33919 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: DAVID SHALTS

11/11/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SHALTS, DAVID
Address 738 DEAN WAY
City-State-Zip: FORT MYERS FL 33919

Title AP
Name PORAT, VARDA AND AMIR
Address 53 YAEL HAGIBORA ST.,
City-State-Zip: MODIIN MACCABIM REUT, 7174200

Title AP
Name PORAT, OFIR
Address 53 YAEL HAGIBORA ST.,
City-State-Zip: MODIIN MACCABIM REUT, 7174200

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

Title AP
Name KABAKOW , 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 218 PDUIM ST., PARDES HANNA ,
ISRAEL
City-State-Zip: PARDES HANNA 3704229

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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 SHALTS

AMBR

11/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

Title AP
Name SARID, SEFI
Address 50 RAKEFET ST.,
City-State-Zip: MOSHAV AMIKAM 3783000

Title AP
Name AZULAY, PNINA AND MORDECHAI
Address 5 NEGBA ST. ,
City-State-Zip: JERUSALEM 9322007

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