

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000102257

**Entity Name:** PACIFICA FLORIDA COASTAL LLC**Current Principal Place of Business:**1775 HANCOCK ST, STE 200  
SAN DIEGO, CA 92110**Current Mailing Address:**1775 HANCOCK ST, STE 200  
SAN DIEGO, CA 92110**FEI Number:** 85-1453847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED  
155 OFFICE PLAZA DR, 1ST FLR  
TALLHASSEE, FL 32301 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 MGR  
Name ISRANI, DEEPAK  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name DEEPAK ISRANI AND VARSHA ISRANI  
FAMILY TRUST  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name PACIFIC FLORIDA COASTAL LLC  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name RGI INVESTMENTS 2015 LLC  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name ASHOK ISRANI AND LATA ISRANI  
FAMILY TRUST  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name SUSHIL M. ISRANI AND REENA S.  
ISRANI REVOCABLE TRUST  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name HOWELL, LEN  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

Title AUTHORIZED MEMBER  
Name NARESH KOTWANI TRUST  
Address 1775 HANCOCK ST, STE 200  
City-State-Zip: SAN DIEGO CA 92110

*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:** DEEPAK ISRANI**MANAGER****04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date