

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000301182

Entity Name: 4DI CAPITAL LLC

**Current Principal Place of Business:**

401 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

401 HOLIDAY DRIVE  
HALLANDALE, FL 33009

FEI Number: 85-3221767

Certificate of Status Desired: No

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

PERLMAN, ALBERTO  
401 HOLIDAY DRIVE  
HALLANDALE, FL 33009 US

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**4012503752CC**

*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 MEMBER  
Name PERLMAN FAMILY 2011  
IRREVOCABLE TRUST #1  
Address 401 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title MEMBER  
Name ATID CAPITAL MANAGEMENT INC  
Address 2711 SOUTH OCEAN DRIVE #704  
City-State-Zip: HOLLYWOOD FL 33019

Title MEMBER  
Name SOLOMON FAMILY DYNASTY TRUST  
2012  
Address 501 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title MEMBER  
Name 276 VENTURES LLC  
Address 20803 BISCAYNE BLVD, SUITE 501  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name PERLMAN, ALBERTO  
Address 401 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name PERLMAN, RICHARD  
Address 2600 ISLAND BLVD. APT 1906  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SOLOMON, PHILIP  
Address 501 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name WOLDENBERG, JORGE  
Address 20803 BISCAYNE BLVD  
501  
City-State-Zip: AVENTURA FL 33180

**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: RICHARD PERLMAN

MGR

01/26/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title MGR  
Name SHALOM, MIKE  
Address 2711 SOUTH OCEAN DRIVE  
704  
City-State-Zip: HOLLYWOOD FL 33019