

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000134981

**Entity Name:** LDP GP COASTAL CENTER LLC

**Current Principal Place of Business:**

517 SW 1ST AVE.  
FORT LAUDERDALE, US 33301

**Current Mailing Address:**

517 SW 1ST AVE.  
FORT LAUDERDALE, US 33301 UN

**FEI Number:** 36-5016840

**Certificate of Status Desired:** No

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

CARUSI, DANIEL S  
517 SW 1ST AVE.  
FORT LAUDERDALE, FL 33301 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 LAMBEZ, KFIR  
Address 517 SW 1ST AVE.  
City-State-Zip: FORT LAUDERDALE US 33301

*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:** KFIR LAMBEZ

**MANAGER**

**03/08/2025**

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

\_\_\_\_\_  
Date