

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004611

**Entity Name:** YEDID CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

5005 COLLINS AVENUE  
C/O ABRAHAM GOODFRIEND SUITE 915  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5005 COLLINS AVENUE  
C/O ABRAHAM GOODFRIEND SUITE 915  
MIAMI BEACH, FL 33140 US

**FEI Number:** 20-5520423

**Certificate of Status Desired:** No

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

GOODFRIEND, MOSHE  
5005 COLLINS AVENUE  
C/O ABRAHAM GOODFRIEND SUITE 915  
MIAMI BEACH, FL 33140 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	MGRM	Title	IN-HOUSE COUNSEL
Name	GOODFRIEND, MOSHE	Name	GOODFRIEND, TZIPORA ESQ.
Address	5005 COLLINS AVENUE C/O ABRAHAM GOODFRIEND SUITE 915	Address	5005 COLLINS AVENUE C/O ABRAHAM GOODFRIEND SUITE 915
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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:** MOSHE GOODFRIEND

**DIRECTOR**

**05/03/2023**

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

\_\_\_\_\_  
Date