

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000117597

**Entity Name:** SOMA COAST LLC

**Current Principal Place of Business:**

C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
OPA LOCKA, FL 33054 US

**FEI Number:** 47-4466398

**Certificate of Status Desired:** No

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

GREENWALD, ERIC  
C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
OPA LOCKA, FL 33054 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 ABESS, BRETT  
Address C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
City-State-Zip: OPA LOCKA FL 33054

Title MANAGER  
Name ABESS, LEONARD  
Address C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
City-State-Zip: OPA LOCKA FL 33054

Title MANAGER  
Name BAKES, JODIE  
Address C/O THINK LAB VENTURES  
1500 NW 44TH. AVENUE  
City-State-Zip: OPA LOCKA FL 33054

*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:** JODIE BAKES

MANAGER

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date