#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: FRANK SILVERMAN MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

# 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

## **SUITE 1160**

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

Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	SILVERMAN, FRANK	Name	METZGER, MICHAEL
Address	10145 TAVISTOCK RD	Address	3926 CASSIA DR
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32828

#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000258167

Entity Name: VDM COASTAL RETAIL PARTNERS LLC

#### **Current Principal Place of Business:**

3662 AVALON PARK E. BLVD SUITE 201 ORLANDO, FL 32828

#### **Current Mailing Address:**

3662 AVALON PARK E. BLVD SUITE 201 ORLANDO, FL 32828 US

#### FEI Number: 85-3716970

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

CATHCART, CHRIS 225 S. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 US

FILED Feb 16, 2021 Secretary of State 2615955867CC

Date

### Certificate of Status Desired: No

02/16/2021

Date