

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034360

Entity Name: FLORIDAVEST VENTURES, LLC**Current Principal Place of Business:**150 ALHAMBRA CIRCLE,
SUITE 1000
CORAL GABLES, FL 33134**Current Mailing Address:**150 ALHAMBRA CIRCLE, 10TH FLOOR
SUITE 1000
CORAL GABLES, FL 33134 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLAXBERG, GRAYSON & KUKOFF, P.A.
25 SE 2ND AVENUE, SUITE 730
MIAMI, FL 33131 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	CHIEF CREDIT OFFICER
Name	VOGEL, MICHEL
Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

Title	SENIOR VICE PRESIDENT, CREDIT MANAGER
Name	SANTANA, FRANK
Address	150 ALHAMBRA CIRCLE SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

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: VOGEL, MICHEL**CHIEF CREDIT OFFICER 02/18/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date