

**2019 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:** MICHEL VOGEL

**CHIEF CREDIT OFFICER 03/27/2019**

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

\_\_\_\_\_  
Date