

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000080594

**Entity Name:** 900 PTO LLC

**Current Principal Place of Business:**

848 BRICKELL AV  
STE 305  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AV  
STE 305  
MIAMI, FL 33131 US

**FEI Number:** 46-2941183

**Certificate of Status Desired:** No

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

PTO CAPITAL LLC  
848 BRICKELL AV  
STE 305  
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 MGR  
Name PTO CAPITAL  
Address 1110 BRICKELL AVENUE SUITE 800  
City-State-Zip: MIAMI FL 33131

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:** PTO CAPITAL LLC

MGR

04/30/2019

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

\_\_\_\_\_  
Date