

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000083070

**Entity Name:** MERCHANTCASS ADVISORS LLC

**Current Principal Place of Business:**

ATTN: SAM MERCHANT  
1203 GABLES DRIVE NE  
ATLANTA, GA 30319

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**8473816251CC**

**Current Mailing Address:**

SAM MERCHANT  
MERCHANTCASS ADVISORS LLC P O BOX 211556  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 47-5444818

**Certificate of Status Desired:** No

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

MERCHANT, SAM  
ATTN: SAM MERCHANT  
MERCHANTCASS ADVISORS LLC P O BOX 211556  
ROYAL PALM BEACH, FL 33421 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:** SAM MERCHANT

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name LINCOLN BUSINESS ADVISORS LLC  
Address ATT; NANCY CASS  
7750 OKEECHOBEE BLVD SUITE 4  
City-State-Zip: WEST PALM BEACH FL 33411

Title MANAGER  
Name CAPITAL AND VENTURE RESOURCES  
LLC  
Address ATTN: SAM MERCHANT  
MERCHANTCASS ADVISORS LLC P O  
BOX 211556  
City-State-Zip: ROYAL PALM BEACH FL 33421

*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:** SAM

**AGENT**

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date