

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000015182

**Entity Name:** DORAL COSTA CAPITAL, LLC

**Current Principal Place of Business:**

18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160

**Current Mailing Address:**

18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160 US

**FEI Number:** 81-1175428

**Certificate of Status Desired:** No

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

DORAL COSTA MANAGER, LLC  
18205 BISCAYNE BLVD.  
SUITE 2202  
AVENTURA, FL 33160 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 DORAL COSTA MANAGER, LLC  
Address 18205 BISCAYNE BLVD.  
SUITE 2202  
City-State-Zip: AVENTURA FL 33160

*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:** DORAL COSTA MANAGER, LLC

RA

02/16/2017

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

\_\_\_\_\_  
Date