

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000057962

**Entity Name:** AGATE CAPITAL MM LLC

**Current Principal Place of Business:**

9000 SW 137 AVENUE  
SUITE 216  
MIAMI, FL 33186

**Current Mailing Address:**

9000 SW 137 AVENUE  
SUITE 216  
MIAMI, FL 33186 US

**FEI Number:** 81-1965189

**Certificate of Status Desired:** No

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

SINGH, RAMESHWAR  
16033 SW 63 TER  
MIAMI, FL 33193 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 AUTHORIZED MEMBER  
Name COHEN, ELEANOR  
Address 5151 COLLINS AVENUE  
APT # 431  
City-State-Zip: MIAMI BEACH FL 33140

*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:** ELEANOR COHEN

**MANAGER**

**04/26/2018**

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

\_\_\_\_\_  
Date