# 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: LAZARO LOPEZ

#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000046975

Entity Name: FAMILY FIRST CAPITAL LLC

#### **Current Principal Place of Business:**

44 WEST FLAGLER ST 1750 MIAMI, FL 33130

### **Current Mailing Address:**

44 WEST FLAGLER ST 1750 MIAMI, FL 33130 US

#### FEI Number: 82-0671450

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

LOPEZ, RAPHAEL E 44 WEST FLAGLER ST 1750 MIAMI, FL 33130 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 Authorized Person(s) Detail : Title MGR Title CFO Name SAINZ, MARISEL Name LOPEZ, LAZARO RAFAEL 44 WEST FLAGLER ST SUITE 1750 Address 44 W FLAGLER ST, SUITE 1750 Address City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

Certificate of Status Desired: No

04/30/2018 CFO

Date

## FILED Apr 30, 2018 Secretary of State CC8221949364

Date

Electronic Signature of Signing Authorized Person(s) Detail