

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000074686

**Entity Name:** FST CAPITAL, LLC

**Current Principal Place of Business:**

3600 MYSTIC POINTE DR  
APT 808  
AVENTURA, FL 33180

**Current Mailing Address:**

3600 MYSTIC POINTE DR  
APT 808  
AVENTURA, FL 33180 US

**FEI Number:** 82-1349120

**Certificate of Status Desired:** No

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

SHMUELI, OREN  
3600 MYSTIC POINTE DR  
APT 808  
AVENTURA, FL 33180 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           MANAGER  
Name           SHMUELI, OREN  
Address        3600 MYSTIC POINTE DR  
                  APT 808  
City-State-Zip: AVENTURA FL 33180

Title           AUTHORIZED MEMBER  
Name           ASSIS, MICHAEL J  
Address        10741 CLEARY BLVD  
City-State-Zip: PLANTATION FL 33324

Title           AUTHORIZED MEMBER  
Name           SHMUELI, FLORANCE  
Address        3600 MYSTIC POINTE DR  
                  APT 808  
City-State-Zip: AVENTURA FL 33180

Title           AUTHORIZED MEMBER  
Name           SPI INTERNATIONAL INC.  
Address        99 HUDSON ST  
                  SUITE 524  
City-State-Zip: NEW YORK FL 10013

*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:** OREN SHMUELI

**MANAGER**

**06/01/2020**

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

\_\_\_\_\_  
Date