

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000137493

**Entity Name:** ONTARIO NVEST, LLC

**Current Principal Place of Business:**

13379 MCGREGOR BLVD  
SUITE 2  
FT MYERS, FL 33919

**Current Mailing Address:**

13379 MCGREGOR BLVD  
SUITE 2  
FT MYERS, FL 33919 US

**FEI Number:** 82-1968640

**Certificate of Status Desired:** No

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

CALCAP NVEST LLC  
13379 MCGREGOR BLVD.  
STE 2  
FORT MYERS, FL 33919 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	Title	MANAGER
Name	HELM, DAVID C II	Name	COZZA, BRADLEY E
Address	13379 MCGREGOR BLVD SUITE 2	Address	13379 MCGREGOR BLVD SUITE 2
City-State-Zip:	FT MYERS FL 33919	City-State-Zip:	FT MYERS FL 33919

*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:** DAVID C HELM II

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date