## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L18000219702

### Entity Name: LIME 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

## FEI Number: 83-2275241

### Name and Address of Current Registered Agent:

10741 CLEARY BLVD. APT 208

City-State-Zip: PLANTATION FL 33324

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:

Address

Electronic Signature of Registered Agent

| Authorized Person(s) Detail : |                                |                 |                                |
|-------------------------------|--------------------------------|-----------------|--------------------------------|
| Title                         | AUTHORIZED MEMBER              | Title           | MANAGER                        |
| Name                          | OSC CONSULTING LLC             | Name            | OREN, SHMUELI                  |
| Address                       | 3600 MYSTIC POINTE DR. APT 808 | Address         | 3600 MYSTIC POINTE DR. APT 808 |
| City-State-Zip:               | AVENTURA FL 33180              | City-State-Zip: | AVENTURA FL 33180              |
| Title                         | AUTHORIZED MEMBER              |                 |                                |
| Name                          | MARCY, MOHAMMED                |                 |                                |

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: MARCY MOHAMMED

MS

02/05/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 05, 2023 Secretary of State 6399553013CC

Certificate of Status Desired: No

Date