

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000280410

Entity Name: GACP SOCCEREX PARTNERS II LLC**Current Principal Place of Business:**2333 PONCE DE LEON BLVD
SUITE 630
CORAL GABLES, FL 33134**Current Mailing Address:**2333 PONCE DE LEON BLVD
SUITE 630
CORAL GABLES, FL 33134 US**FEI Number:** 83-3035342**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 | NEITHARDT, DAVID |
| Address | 2333 PONCE DE LEON BLVD SUITE 630 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|--------------------------------------|
| Title | MANAGER |
| Name | DAGROSA, JOSEPH JR. |
| Address | 2333 PONCE DE LEON BLVD SUITE 630 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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 NEITHARDT

MANAGER

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date