## 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: STEVEN HUROWITZ AND MATTHEW TIERNEY

Electronic Signature of Signing Authorized Person(s) Detail

# SUNNY ISLES BEACH. FL 33160 **Current Mailing Address:**

16701 COLLINS AVE SUNNY ISLES BEACH. FL 33160 US

## FEI Number: 84-2131844

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

STONE, ADELE I ESQ 401 EAST LAS OLAS BLVD STE 2250 FT LAUDERDALE, FL 33301 US

The above nam the State of Florida.

#### SIGNATUF

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HUROWITZ, STEVEN	Name	TIERNEY, MATTHEW S
Address	16701 COLLINS AVE	Address	645 MADISION AVE 20TH FLOOR
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	NEW YORK NY 10022

med enti	ty submits this si	tatement for the pu	rpose of changing	its registered office	or registered agent,	or both, in th
RE:						

01/23/2024 MANAGER

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L19000148902

Entity Name: ELEMENT EIGHT CAPITAL PARTNERS LLC

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

16701 COLLINS AVE

Jan 23, 2024 Secretary of State 4367968910CC

Date

FILED

Certificate of Status Desired: No

Date