

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000304166

**Entity Name:** MANCORA VENTURES LLC

**Current Principal Place of Business:**

749 CRANDON BLVD #411  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

749 CRANDON BLVD #411  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 85-3383992

**Certificate of Status Desired:** No

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

FOGEL, ARIEL  
749 CRANDON BLVD #411  
KEY BISCAYNE, FL 33149 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 AMBR  
Name FOGEL, ARIEL  
Address 749 CRANDON BLVD #411  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name FOGEL, ARIEL  
Address 749 CRANDON BLVD #411  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name ANDRE SCAFURO, NICOLAS  
Address 15205 SW 80TH AVE.  
City-State-Zip: PALMETTO BAY FL 33157

Title D  
Name ANDRE SCAFURO, NICOLAS  
Address 15205 SW 80TH AVE.  
City-State-Zip: PALMETTO BAY FL 33157

*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:** ARIEL FOGEL

**MGRM**

**02/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date