

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000304166

**Entity Name:** MANCORA VENTURES LLC

**Current Principal Place of Business:**

781 CRANDON BLVD  
#1404  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

781 CRANDON BLVD  
#1404  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 85-3383992

**Certificate of Status Desired:** No

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

FOGEL, ARIEL  
781 CRANDON BLVD  
#1404  
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        781 CRANDON BLVD  
                  #1404  
City-State-Zip: KEY BISCAYNE FL 33149

Title            D  
Name            FOGEL, ARIEL  
Address        781 CRANDON BLVD  
                  #1404  
City-State-Zip: KEY BISCAYNE FL 33149

Title            AMBR  
Name            ANDRE SCAFURO, NICOLAS  
Address        781 CRANDON BLVD  
                  #1404  
City-State-Zip: KEY BISCAYNE FL 33149

Title            D  
Name            ANDRE SCAFURO, NICOLAS  
Address        781 CRANDON BLVD  
                  #1404  
City-State-Zip: KEY BISCAYNE FL 33149

*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

**DIRECTOR**

**02/02/2023**

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

\_\_\_\_\_  
Date