|  |           | -                              | -        |       |     |  |  |
|--|-----------|--------------------------------|----------|-------|-----|--|--|
| SCHNEIDER, PAUL F<br>150 SOUTH UNIVERSITY DRIVE STE A<br>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:   |           |                                |          |       |     |  |  |
|  | Ele       | ctronic Signature of Registere | ed Agent |       |     |  |  |
| Authoriz   | zed Perso | n(s) Detail :                  |          |       |     |  |  |
| Title  | MGR       |                                |          | Title | MGR |  |  |

150 SOUTH UNIVERSITY DRIVE STE A PLANTATION FL 33324 US

**Current Principal Place of Business:** 150 SOUTH UNIVERSITY DRIVE STE A

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: STEVE STEVENS CAPITAL PARTNERS LLC

## FEI Number: 89-1988081 Name and Address of Current Registered Agent:

DOCUMENT# L20000393367

PLANTATION FL 33322

**Current Mailing Address:** 

## SIGN

Title MGR Title MGR Name FINKELSTEIN, MARK Name SENECA, STEVEN Address 150 SOUTH UNIVERSITY DRIVE STE A Address 150 SOUTH UNIVERSITY DRIVE STE A City-State-Zip: PLANTATION TN 33324 City-State-Zip: PLANTATION TN 33324

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: MARK STEVEN FINKELSTEIN

PRESIDENT

01/28/2022

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date