

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000025941

**Entity Name:** 519 CAP LLC

**Current Principal Place of Business:**

2400 3RD AVE. N  
SAINT PETERSBURG, FL 33713

**Current Mailing Address:**

2400 3RD AVE. N  
SAINT PETERSBURG, FL 33713 US

**FEI Number:** 87-4636829

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 MGR  
Name LEV, HELEE H  
Address 2400 3RD AVE. N  
City-State-Zip: SAINT PETERSBURG FL 33713

Title MANAGER  
Name NELSON, RYAN  
Address 2400 3RD AVE. N  
City-State-Zip: SAINT PETERSBURG FL 33713

*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:** RYAN NELSON

**MANAGER**

**03/25/2023**

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

\_\_\_\_\_  
Date