

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000076366

**Entity Name:** DUNAMIS CAPITAL LLC

**Current Principal Place of Business:**

9200 NW 39 AVE STE 130-107  
GAINESVILLE, FL 32606

**Current Mailing Address:**

9200 NW 39 AVE STE 130-107  
GAINESVILLE, FL 32606 US

**FEI Number:** 88-0890122

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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            TORRES, JOANN  
Address        9200 NW 39 AVE STE 130-107  
City-State-Zip: GAINESVILLE FL 32606

Title            AMBR  
Name            TORRES, JOSE  
Address        9200 NW 39 AVE STE 130-107  
City-State-Zip: GAINESVILLE FL 32606

Title            AMBR  
Name            TREVINO, ARCADIO  
Address        9200 NW 39 AVE STE 130-107  
City-State-Zip: GAINESVILLE FL 32606

Title            AMBR  
Name            HOYOS, BRIAN  
Address        9200 NW 39 AVE STE 130-107  
City-State-Zip: GAINESVILLE FL 32606

*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:** JOANN TORRES

**MANAGING MEMBER**

**04/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date