

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000401909

**Entity Name:** CAPITAL PARTNERS PLUS LLC

**Current Principal Place of Business:**

17111 BISCAYNE BLVD  
1401  
AVENTURA, FL 33160

**Current Mailing Address:**

17111 BISCAYNE BLVD  
1401  
AVENTURA, FL 33160 US

**FEI Number:** 92-0291523

**Certificate of Status Desired:** No

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

LOBANOV, TIMUR  
17111 BISCAYNE BLVD  
1401  
AVENTURA, FL 33160 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                         | Title           | MGR                         |
| Name            | LOBANOV, TIMUR              | Name            | MATAMOROS, JORGE            |
| Address         | 17111 BISCAYNE BLVD<br>1401 | Address         | 17111 BISCAYNE BLVD<br>1401 |
| City-State-Zip: | AVENTURA FL 33160           | City-State-Zip: | AVENTURA FL 33160           |

*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:** TIMUR LOBANOV

**MANAGER**

**04/28/2023**

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

\_\_\_\_\_  
Date