

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000431797

**Entity Name:** FAMSER TWO CPITAL VENTURES, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY STE 1110  
CORAL GABELS, FL 33134

**Current Mailing Address:**

550 BILTMORE WAY STE 1110  
CORAL GABELS, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SCHECHTER, ROSA E  
550 BILTMORE WAY STE 1110  
CORAL GABELS, FL 33134 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            AUTHORIZED REPRESENTATIVE  
Name            SERVIANSKY, DAVID  
Address        550 BILTMORE WAY STE 1110  
City-State-Zip: CORAL GABELS FL 33134

*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:** DAVID SERVIANSKY

**AUTHORIZED  
REPRESENTATIVE**

**04/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date