

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600004892

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**1207865778CC**

**Entity Name:** FINANCORP FAMILY OFFICE, LLC

**Current Principal Place of Business:**

800 BRICKELL AVE.  
SUITE 435  
MIAMI, FL 33131

**Current Mailing Address:**

411 THEODORE FREMD AVENUE  
C/O MANUEL S. LOPEZ SUITE 100 NORTH  
RYE, NY 10580 US

**FEI Number:** 81-2956039

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	BORBERG MENDOZA, EDUARDO JUAN
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131
Title	MGR
Name	MENDOZA PACHECO, JUAN LORENZO
Address	CENTRO GERENCIAL MOHEDANO AV MOHEDANO CON CALLE CHAGUARAMOS PISO 12, OFICINA A, LA CASTELLANA
City-State-Zip:	CARACAS 1071
Title	MGR
Name	MENDOZA HERNANDEZ, SIMON ANTONIO
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131
Title	MANAGER
Name	FEO, JUAN CARLOS
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	MENDOZA HERNANDEZ, JUAN LORENZO
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131
Title	MGR
Name	LOPEZ, MANUEL SANTIAGO
Address	411 THEODORE FREMD AVENUE SUITE 100 NORTH
City-State-Zip:	RYE NY 10580
Title	MGR
Name	MERCADO, VICTOR
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131
Title	MANAGER
Name	SILVA, NICHOLAS
Address	800 BRICKELL AVE. SUITE 435
City-State-Zip:	MIAMI FL 33131

*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:** MANUEL LOPEZ

**MANAGER**

**04/26/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date