

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600004892

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

**Current Principal Place of Business:**

2400 E. COMMERCIAL BOULEVARD, SUITE 825  
FORT LAUDERDALE, FL 33308

**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 2400 E. COMMERCIAL BOULEVARD,  
SUITE 825  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MGR  
Name MENDOZA HERNANDEZ, JUAN  
LORENZO  
Address 2400 E. COMMERCIAL BOULEVARD,  
SUITE 825  
City-State-Zip: FORT LAUDERDALE FL 33308

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 LOPEZ, MANUEL SANTIAGO  
Address 411 THEODORE FREMD AVENUE  
SUITE 100 NORTH  
City-State-Zip: RYE NY 10580

Title MGR  
Name MENDOZA HERNANDEZ, SIMON  
ANTONIO  
Address CENTRO GERENCIAL MOHEDANO  
AV MOHEDANO CON CALLE  
CHAGUARAMOS PISO 11, OFICINA A  
Y B, LA CASTELLANA  
City-State-Zip: CARACAS 1071

Title MGR  
Name MERCADO, VICTOR  
Address 2400 E. COMMERCIAL BOULEVARD,  
SUITE 825  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGER  
Name FEO, JUAN CARLOS  
Address 2400 E. COMMERCIAL BOULEVARD,  
SUITE 825  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGER  
Name SILVA, NICHOLAS  
Address 2400 E. COMMERCIAL BOULEVARD,  
SUITE 825  
City-State-Zip: FORT LAUDERDALE FL 33308

*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

01/12/2021

