

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004892

FILED
Apr 12, 2019
Secretary of State
1963019013CC

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

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

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

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date