

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000005468

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**5215931575CC**

**Entity Name:** DAGROSA CAPITAL ADVISORS LLC

**Current Principal Place of Business:**

3011 PONCE DE LEON BLVD  
SUITE 1420  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3011 PONCE DE LEON BLVD  
SUITE 1420  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MEMBER	Title	AUTHORIZED SIGNOR
Name	DAGROSA CAPITAL LLC	Name	KAPLAN, ADAM
Address	3011 PONCE DE LEON BLVD SUITE 1420	Address	3011 PONCE DE LEON BLVD SUITE 1420
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES 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:** ADAM KAPLAN

**AUTHORIZED SIGNOR**

**04/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date