

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118973

Entity Name: 25 CAPITAL INVESTMENT HOLDINGS, LLC**Current Principal Place of Business:**5032 PARKWAY PLAZA BLVD.
CHARLOTTE, NC 28217**Current Mailing Address:**5032 PARKWAY PLAZA BLVD.
CHARLOTTE, NC 28217 US**FEI Number:** 26-2253474**Certificate of Status Desired:** No**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	THAKKAR, RASESH
Address	5032 PARKWAY PLAZA BLVD.
City-State-Zip:	CHARLOTTE NC 28217

Title	MANAGER
Name	AHMAD, SHAUN
Address	5032 PARKWAY PLAZA BLVD.
City-State-Zip:	CHARLOTTE NC 28217

Title	SECRETARY
Name	VOSS, JEFFERSON R.
Address	5032 PARKWAY PLAZA BLVD.
City-State-Zip:	CHARLOTTE NC 28217

Title	PRES
Name	AHMAD, SHAUN
Address	5032 PARKWAY PLAZA BLVD.,
City-State-Zip:	CHARLOTTE NC 28217

Title	VP
Name	SHULTZ, MICHAEL SCOTT
Address	5032 PARKWAY PLAZA BLVD.,
City-State-Zip:	CHARLOTTE NC 28217

Title	TREASURER
Name	NGUYEN, LUNA
Address	5032 PARKWAY PLAZA
City-State-Zip:	CHARLOTTE NC 28217

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: JEFFERSON R. VOSS**SECRETARY****03/07/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date