

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000038794

**Entity Name:** VALCAPITAL HOLDINGS LLC

**Current Principal Place of Business:**

4565 PONCE DE LEON BLVD  
SUITE 100  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4565 PONCE DE LEON BLVD  
SUITE 100  
CORAL GABLES, FL 33146 US

**FEI Number:** 90-0809777

**Certificate of Status Desired:** No

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

INTERNATIONAL CORPORATE SERVICE, INC.  
2600 S. DOUGLAS ROAD  
SUITE 1000  
CORAL GABLES, FL 33134 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 MARTINEZ, JUAN PABLO  
Address 4565 PONCE DE LEON BLVD  
SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name MARTINEZ, MARIA ELISA  
Address 4565 PONCE DE LEON BLVD  
SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name MARTINEZ, MARIA CATALINA  
Address 4565 PONCE DE LEON BLVD  
SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

*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:** JUAN PABLO MARTINEZ

**MANAGER**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date