

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000104416

**Entity Name:** CAPITALIST PARTNERS LLC

**Current Principal Place of Business:**

1464 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

1464 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092

**FEI Number:** 46-3253787

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MGRM  
Name LYNCH, DANIEL J  
Address 1464 BARRINGTON CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32092

Title MGRM  
Name FIX, KATHLEEN A  
Address 1464 BARRINGTON CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** DANIEL J LYNCH

**MANAGING MEMBER**

**02/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date