## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105698

**Entity Name: CAPITALVEST LLC** 

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**Current Principal Place of Business:** 

20533 BISCAYNE BLVD SUITE 4-804 AVENTURA, FL 33180

**Current Mailing Address:** 

20533 BISCAYNE BLVD SUITE 4-804 AVENTURA, FL 33180 US

FEI Number: 47-4292176 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAGRANS, TAHIMI 3300 NE 192ND ST 1012

AVENTURA, FL 33180 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: TAHIMI MAGRANS 03/21/2018

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title AMBR

Name HUSSEIN, ASHIFALI Address 3300 NE 192ND ST

1012

City-State-Zip: AVENTURA FL 33180

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: ASHIFALI HUSSEIN AMBR 03/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 21, 2018

**Secretary of State** 

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