

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000217184

**Entity Name:** HALLEL CAPITAL LLC

**Current Principal Place of Business:**

210 E WASHINGTON ST,  
SUITE A  
MINNEOLA, FL 34715

**Current Mailing Address:**

210 E WASHINGTON ST,  
SUITE A  
MINNEOLA, FL 34715 US

**FEI Number:** 81-4601961

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL, 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           | MGR                          | Title           | MGR                          |
| Name            | ROWE, JOSHUA J               | Name            | ROWE, STACYAN A              |
| Address         | 210 E WASHINGTON ST. SUITE A | Address         | 210 E WASHINGTON ST. SUITE A |
| City-State-Zip: | MINEOLA FL 34715             | City-State-Zip: | MINEOLA FL 34715             |

*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:** JOSHUA ROWE

**CHIEF EXECUTIVE  
DIRECTOR**

**05/01/2018**

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

\_\_\_\_\_  
Date