

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000072865

**Entity Name:** SYGEN CAPITAL, LLC

**Current Principal Place of Business:**

4401 NW 87TH AVENUE  
702  
DORAL, FL 33178

**Current Mailing Address:**

4401 NW 87TH AVENUE  
702  
DORAL, FL 33178 US

**FEI Number:** 82-5078557

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 AMBR  
Name SANCHEZ, RICHARD S  
Address 8800 NW 36TH ST., APT. 4628  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name STEFAN, LIZA  
Address 8800 NW 36TH ST., APT. 4628  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CAAMANO, RICHARD S  
Address 8800 NW 36TH ST., APT. 4628  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name CAAMANO, STEFANO S  
Address 8800 NW 36TH ST., APT. 4628  
City-State-Zip: DORAL FL 33178

*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:** RICHARD S SANCHEZ

MR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date