

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000106684

**Entity Name:** CAPTIVA PARTNERSHIP LLC

**Current Principal Place of Business:**

17081 CAPTIVA DR.  
CAPTIVA, FL 33924

**Current Mailing Address:**

PO BOX 9  
CAPTIVA, FL 33924 US

**FEI Number:** 82-5365681

**Certificate of Status Desired:** No

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

MIVILLE, RENE A  
17081 CAPTIVA DR  
CAPTIVA, FL 33924 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           | AMBR             |
| Name            | MIVILLE, RENE    | Name            | HALL, ELLA       |
| Address         | 17081 CAPTIVA DR | Address         | PO BOX 9         |
| City-State-Zip: | CAPTIVA FL 33924 | City-State-Zip: | CAPTIVA FL 33924 |

*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:** RENE A MIVILLE

**MANAGER**

**03/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date