

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000273915

**Entity Name:** ORG CAPITAL LLC

**Current Principal Place of Business:**

1701 PONCE DE LEON BLVD  
STE 306  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1701 PONCE DE LEON BLVD  
STE 306  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-2747524

**Certificate of Status Desired:** No

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

FA CORPORATE MANAGEMENT LLC  
1701 PONCE DE LEON BLVD  
STE 306  
CORAL GABLES, FL 33134 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:** CLAUDIA S MUNOZ

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUIZ, CLAUDIA N  
Address 1701 PONCE DE LEON BLVD  
STE 306  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name OBANDO, ANDRES  
Address 1701 PONCE DE LEON BLVD  
STE 306  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SIERRA, LUIS E  
Address 1701 PONCE DE LEON BLVD  
STE 306  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name FA CORPORATE MANAGEMENT LLC  
Address 1701 PONCE DE LEON BLVD  
STE 306  
City-State-Zip: CORAL GABLES FL 33134

*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:** CLAUDIA N RUIZ

MGR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date