

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000006305

**Entity Name:** LEAR CAPITAL PARTNERS LLC

**Current Principal Place of Business:**

8442 SUMNER AVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

8442 SUMNER AVE  
FORT MYERS, FL 33908 US

**FEI Number:** 83-3088143

**Certificate of Status Desired:** Yes

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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 PENSCO TRUST CUSTODIAN FBO  
RYAN OUELLETTE  
Address 8 TANAGER WAY  
City-State-Zip: LONDONDERRY NH 03053

Title AMBR  
Name PENSCO TRUST CUSTODIAN FBO  
THERRIN ALLEN  
Address 14 LORI LN  
City-State-Zip: LONDONDERRY NH 03053

Title AMBR  
Name PENSCO TRUST CUSTODIAN FBO  
EDWARD PONTO  
Address 12 LORI LN  
City-State-Zip: LONDONDERRY NH 03053

Title AMBR  
Name PENSCO TRUST CUSTODIAN FBO  
MARC LUSSIER  
Address 302 BROWN RD  
City-State-Zip: CANDIA NH 03034

*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:** EDWARD PONTO

**MANAGER**

**01/18/2021**

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

\_\_\_\_\_  
Date