

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000175584

**Entity Name:** AGRAMROTCIV CAPITAL PARTNERS LLC

**Current Principal Place of Business:**

1337 KILLBRICKEN CIRCLE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 1885  
BUNNELL, FL 32110

**FEI Number: 84-2505344**

**Certificate of Status Desired: No**

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

DODD-O, MARCUS  
1337 KILLBRICKEN CIRCLE  
ORMOND BEACH, FL 32174 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	DODD-O, MARCUS	Name	SILVA, VICTOR
Address	PO BOX 1885	Address	PO BOX 1486
City-State-Zip:	BUNNELL FL 32110	City-State-Zip:	BUNNELL FL 32110

*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: DODD-O, MARCUS**

**MEMBER**

**06/13/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date