

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276172

**Entity Name:** PATRA CAPITAL, LLC

**Current Principal Place of Business:**

2500 SOUTH OCEAN BOULEVARD  
APT. 3-D-4  
PALM BEACH, FL 33480

**Current Mailing Address:**

2500 SOUTH OCEAN BOULEVARD  
APT. 3-D-4  
PALM BEACH, FL 33480 US

**FEI Number:** 84-3733147

**Certificate of Status Desired:** No

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

DIPIETRANTONIO, PASQUALE  
2500 SOUTH OCEAN BOULEVARD  
APT. 3-D-4  
PALM BEACH, FL 33480 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  
Name DIPIETRANTONIO, PASQUALE  
Address 2500 SOUTH OCEAN BOULEVARD  
APT. 3-D-4  
City-State-Zip: PALM BEACH FL 33480

Title AMBR  
Name DIPIETRANTONIO, CHRISTIAN A  
Address 8 DORCHESTER ROAD  
City-State-Zip: RYE NY 10580

Title AMBR  
Name DIPIETRANTONIO, LUCAS J  
Address 8 DORCHESTER ROAD  
City-State-Zip: RYE NY 10580

Title AMBR  
Name DIPIETRANTONIO, KAREN  
Address 8 DORCHESTER RD.  
City-State-Zip: RYE NY 10580

Title AMBR  
Name DIPIETRANTONIO, NICOLAS  
Address 8 DORCHESTER RD.  
City-State-Zip: RYE NY 10580

*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:** PASQUALE DIPIETRANTONIO

**MANAGING PARTNER**

**01/24/2022**

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

\_\_\_\_\_  
Date