

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010334

**Entity Name:** DOCK SQUARE CAPITAL LLC

**Current Principal Place of Business:**

1200 ANASTASIA AVENUE  
STE 500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1200 ANASTASIA AVENUE  
STE 500  
CORAL GABLES, FL 33134 US

**FEI Number:** 61-1801553

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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: MANAGER  
Name: BAJPAI, AMAR  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: BUSH, JOHN ELLIS  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: BUSH JR, JOHN ELLIS  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: HUBER, GEORGE B  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: OLIVER III, JOHN L  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: RODRIGUES, ROSS  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: SAVETT, DAVID  
Address: 1200 ANASTASIA AVENUE  
STE 500  
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER  
Name: LESSING, STEPHEN  
Address: 9 SNAKE HILL RD  
City-State-Zip: COLD SPRING HARBOR NY 11724

*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:** AMAR BAJPAI

**MANAGING MEMBER**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date