

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-20-2006 90031 029 ****50.00

DOCUMENT # L05000002127 1. Entity Name LANDSTAR CAPITAL, LLC					
Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHECTER, ROSA E ESQ. 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
			President Rodolfo Stern 550 Biltmore Way, #1110 Coral Gables, FL 33134		
			Vice President Eduardo Stern 550 Biltmore Way, #1110 Coral Gables, FL 33134		
			Vice President, Treasurer David Serviansky 550 Biltmore Way, #1110 Coral Gables, FL 33134		
			Vice President, Secretary Roberto Horwitz 550 Biltmore Way, #1110 Coral Gables, FL 33134		
			Director Bernard Eckstein 550 Biltmore Way, # 1110 Coral Gables, FL 33134		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: _____			Rodolfo Stern 4/5/06 (305) 461-2440		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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4. FEI Number "APPLIED FOR" Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required