

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019542

FILED
Apr 26, 2009
Secretary of State

Entity Name: MIDDLE CAP LLC

Current Principal Place of Business:

16485 COLLINS AVENUE #935
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16485 COLLINS AVENUE #935
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMSALLEM, ERIC
16485 COLLINS AVENUE #935
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGERO, RICHARD
Address: 674 AV DES ANCIANS COMBATANTS INDOCHINE
City-St-Zip: 83500 LA SEINE SUR MER,

Title: MGR () Delete
Name: BERGERO, MELANIE
Address: 674 AV DES ANCIANS COMBATANTS INDOCHINE
City-St-Zip: 83500 LA SEINE SUR MER,

Title: MGR () Delete
Name: BERGERO, SOLANGE
Address: 674 AV DES ANCIANS COMBATANTS INDOCHINE
City-St-Zip: 83500 LA SEINE SUR MER,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD BERGERO

CEO

04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date