

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005063

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** C.A.P. HOLDINGS OF FLORIDA, LLC

**Current Principal Place of Business:**

90 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

90 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2761028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHERMAN, THOMAS G ESQ.  
90 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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  
**Name:** RIOCABO, ALEJANDRO  
**Address:** 70 S ROYAL PONCIANA BLVD  
**City-St-Zip:** MIAMI SPRINGS, FL 33166

**Title:** MGRM  
**Name:** COMETTO, PAULO  
**Address:** 168 N.E. 24TH STREET  
**City-St-Zip:** MIAMI, FL 33127

I hereby 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:** ALEJANDRO A RIOCABO

MGRM

03/18/2011

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