

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061865

Entity Name: CAPITAL PROFESSIONAL INVESTMENTS, L.L.C.

Current Principal Place of Business:

814 PONCE DE LEON BLVD., SUITE 416
CORAL GABLES, FL 33134

Current Mailing Address:

814 PONCE DE LEON BLVD., SUITE 416
CORAL GABLES, FL 33134

FEI Number: 01-0901748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRAMS, DAVID SESQ.
9300 SW 87 AVE
5
MIAMI, FL 33176 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	MGRM	Title	MGRM
Name	DUQUE, LUIS J	Name	DUQUE, VIVIAN M
Address	814 PONCE DE LEON BLVD., SUITE 416	Address	814 PONCE DE LEON BLVD., SUITE 416
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: VIVIAN M. DUQUE

MANAGER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date