

**2016 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  
Name DUQUE, LUIS J  
Address 814 PONCE DE LEON BLVD., SUITE  
416  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name DUQUE, VIVIAN M  
Address 814 PONCE DE LEON BLVD., SUITE  
416  
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 DUQUE

MGRM

03/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date