

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012106

**Entity Name:** 100% CAPRI, LLC

**Current Principal Place of Business:**

9700 COLLINS AVE  
#218  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

9700 COLLINS AVE  
#218  
BAL HARBOUR, FL 33154 US

**FEI Number:** 75-3267185

**Certificate of Status Desired:** No

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

GURFINCHEL, JANIE  
9700 COLLINS AVE  
#218  
BAL HARBOUR, FL 33154 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:** JANIE GURFINCHEL

06/12/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PVS  
Name AIELLO, ANTONINO  
Address 9700 COLLINS AVE., SUITE 218  
City-State-Zip: MIAMI FL 33154

Title CPAS  
Name GRASSI & CO.  
Address 488 MADISON AVENUE  
FLOOR 21  
City-State-Zip: NEW YORK NY 10022

*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:** GRASSI & CO.

CPAS

06/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date