

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000030956

**Entity Name:** FAMILY STORIES LLC

**Current Principal Place of Business:**

527 NE 210 TERRACE  
MIAMI, FL 33179

**Current Mailing Address:**

527 NE 210 TERRACE  
MIAMI, FL 33179

**FEI Number:** 46-2463566

**Certificate of Status Desired:** No

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

DENNIS, KEVIN DESQ  
45 ALMERIA AVENUE  
CORAL GABLES, FLORIDA, FL 33134 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 MGR  
Name PAZ-CHOW, HEYNARD  
Address 527 NE 210 TERRACE  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name CAPITALINAS, LLC  
Address 900 KINGS COVE COURT  
City-State-Zip: TOWN & COUNTRY MO 63017

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEYNARD L PAZ-CHOW

**MGR**

**04/24/2013**

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

\_\_\_\_\_  
Date