

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000056341

**Entity Name:** SET FREE CAPITAL LLC

**Current Principal Place of Business:**

53 HILL ROAD  
APT #107  
BELMONT, MA 02478

**Current Mailing Address:**

PO BOX 52355  
BOSTON, MA 02205 US

**FEI Number:** 45-2417863

**Certificate of Status Desired:** Yes

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

JOACHIN, ROBINSON  
7150 HIAWASSEE OAKS DR  
ORLANDO, FL 32818 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	MANAGER/CEO	Title	AUTHORIZED MEMBER
Name	JOACHIN, ROBINSON	Name	WINSTON, ADLAI LEWIS
Address	7150 HIAWASSEE OAKS DR	Address	166 MASSACHUSETTS AVENUE
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	LEXINGTON MA 02420

Title AUTHORIZED REPRESENTATIVE/COO  
 Name PHICIL, SHEILA N  
 Address 53 HILL ROAD  
 APT # 107  
 City-State-Zip: BELMONT MA 02478

*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:** SHEILA PHICIL

**AUTHORIZED  
REPRESENTATIVE/COO**

**04/25/2015**

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

\_\_\_\_\_  
Date