#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000115715

**Entity Name: CAPSTONE DEVELOPMENT PARTNERS LLC** 

**FILED** Apr 11, 2017 **Secretary of State** CC6286864553

# **Current Principal Place of Business:**

402 OFFICE PARK DRIVE

**SUITE 199** 

BIRMINGHAM, AL 35223

## **Current Mailing Address:**

402 OFFICE PARK DRIVE **SUITE 199** 

BIRMINGHAM, AL 35223 US

FEI Number: 45-3679740 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301 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 Title MANAGER JONES, JEFF MCKEE, BRUCE Name Name

402 OFFICE PARK DRIVE Address 402 OFFICE PARK DRIVE Address **SUITE 199** 

**SUITE 199** 

BIRMINGHAM AL 35223 BIRMINGHAM AL 35223 City-State-Zip: City-State-Zip:

Title **MANAGER** 

MOURON, MICHAEL Name

402 OFFICE PARK DRIVE Address

**SUITE 199** 

BIRMINGHAM AL 35223 City-State-Zip:

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.

04/11/2017 SIGNATURE: BRUCE MCKEE **MANAGER**