## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077396

Entity Name: CAPSULA LLC

**Current Principal Place of Business:** 

13679 SE 40TH TERR SUMMERFIELD, FL 34491

**Current Mailing Address:** 

P.O. BOX 2619

BELLEVIEW, FL 34421

FEI Number: 46-4076660 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUMM, CHRISTINA L 13679 SE 40TH TERR SUMMERFIELD, FL 34491 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

**FILED** Apr 29, 2014

**Secretary of State** 

CC1138825875

## Authorized Person(s) Detail:

Title MGRM

Name BRUMM, CHRISTINA L Address 13679 SE 40TH TERR City-State-Zip: SUMERFIELD FL 34491

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: CHRISTINA BRUMM

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

04/29/2014