

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077396

Entity Name: CAPSULA LLC

Current Principal Place of Business:

5164 S FLORIDA AVE
UNIT 12
INVERNESS, FL 34450

Current Mailing Address:

5164 S FLORIDA AVE
UNIT 12
INVERNESS, FL 34450 US

FEI Number: 46-4076660

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRUMM, CHRISTINA L
5164 S FLORIDA AVE
UNIT 12
INVERNESS, FL 34450 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
Name BRUMM, CHRISTINA L
Address 5164 S FLORIDA AVE
 UNIT 12
City-State-Zip: INVERNESS FL 34450

Title AUTHORIZED MEMBER
Name BRUMM, TIMOTHY C
Address 5164 S FLORIDA AVE
 UNIT 12
City-State-Zip: INVERNESS FL 34450

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

MANAGER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date