

**2016 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:** No

**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**

**05/01/2016**

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

\_\_\_\_\_  
Date