

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000171738

**Entity Name:** CAPITAL GROUP MDI, LLC

**Current Principal Place of Business:**

1425 BRICKELL AVE SUITE 43A  
MIAMI, FL 33131

**Current Mailing Address:**

1425 BRICKELL AVE APT 43A  
MIAMI, FL 33131 US

**FEI Number:** 46-4307869

**Certificate of Status Desired:** No

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

DARMAS, HECTOR  
1425 BRICKELL AVE SUITE 43A  
MIAMI, FL 33131 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:** HECTOR DARMAS

01/11/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name D'ARMAS FLORES, HECTOR ENRIQUE  
Address 1425 BRICKELL AVE APT 43A  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name MARCHETTI DE D'ARMAS, ENNIA MARIA T  
Address 1425 BRICKELL AVE SUITE 43A  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name VALENTINA GHERSI, SHILLA  
Address 1425 BRICKELL AVE SUITE 43A  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PRISCO DE MARCHETTI, BIANCA  
Address 1425 BRICKELL AVE SUITE 43A  
City-State-Zip: MIAMI FL 33131

*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:** D'ARMAS FLORES , HECTOR ENRIQUE

**SECRETARY**

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date