

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184876

**Entity Name:** KAPSULE LLC

**Current Principal Place of Business:**

555 NE 15 ST  
SUITE 31G  
MIAMI, FL 33132

**Current Mailing Address:**

555 NE 15 ST  
SUITE 31G  
MIAMI, FL 33132

**FEI Number:** 81-4098383

**Certificate of Status Desired:** No

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

PARRA, ADALBERTO  
555 NE 15TH STREET  
SUITE 31G  
MIAMI, FL 33132 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	AMBR	Title	AMBR
Name	ROCA, GUILLERMO	Name	ALVAREZ, ISAAC
Address	555 NE 15 ST, SUITE 31G	Address	555 NE 15 ST, SUITE 31G
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** ISAAC ALVAREZ

**CEO**

**04/28/2017**

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