# 2018 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

## 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

## 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.

CEO

#### SIGNATURE: ISAAC ALVAREZ

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 30, 2018 Secretary of State CC2834632261

Certificate of Status Desired: No

Date

04/30/2018 Date