

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000212680

**Entity Name:** CAPITAL PROPERTY SERVICES & MANAGEMENT LLC

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**0258061518CC**

**Current Principal Place of Business:**

1110 BRICKELL AVE  
STE:430  
MIAMI, FL 33131

**Current Mailing Address:**

1110 BRICKELL AVE  
STE:430  
MIAMI, FL 33131

**FEI Number:** 82-3089551

**Certificate of Status Desired:** No

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

BABINO MARTINEZ, NORKA  
1110 BRICKELL AVE  
STE: 430  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CAPITAL COMPANIES GROUP LLC  
Address 1110 BRICKELL AVE STE: 430  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name CS 77 LLC  
Address 1110 BRICKELL AVE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CASANAS, CARLA BEATRIZ  
Address 1110 BRICKELL AVE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name BABINO MARTINEZ, NORKA  
Address 1110 BRICKELL AVE STE: 430  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name BARBOSA, JUAN JOSE  
Address 1110 BRICKELL AVE  
STE:430  
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:** CAPITAL COMPANIES GROUP LLC

AMBR

04/30/2021

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

\_\_\_\_\_  
Date