

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007809

FILED
Sep 01, 2009
Secretary of State

Entity Name: CAPITAL OWL GROUP, LLC

Current Principal Place of Business:

904 WEST WATERS AVENUE, SUITE D
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

904 WEST WATERS AVENUE, SUITE D
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3666860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, ROBERT W
904 WEST WATERS AVENUE, SUITE D
TAMPA, FL 33604 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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DAVIS, ROBERT W
Address: 904 WEST WATERS AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

Title: VP () Delete
Name: DAVIS, MARY E
Address: 904 WEST WATERS AVE #D
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: DAVIS, ROBERT W
Address: 904 WEST WATERS AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: DAVIS, MARY E
Address: 904 WEST WATERS AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: DAVIS, MARY E
Address: 904 WEST WATERS AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: DAVIS, ROBERT W
Address: 904 WEST WATERS AVENUE, SUITE D
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT W. DAVIS

P

09/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date