

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 013 ****50.00

DOCUMENT # L01000020908

1. Entity Name

CAPRI LLC

969137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7220 NW 36 ST

Suite, Apt. #, etc.

Suite 515

City & State

Miami FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Address

901 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 606

City & State

Coral Gables FL

Zip

33134

Country

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1636627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mario Laricchia

Street Address (P.O. Box Number is Not Acceptable)

7220 NW 36 ST, Suite 515

City

Miami

FL

Zip Code

33166

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MR
MARIO LARICCHIA
7220 NW 36 ST, #515
Miami FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)

CAPRI LLC
901 Ponce de Leon Blvd.
Suite 606
Coral Gables, FL 33134

Attachment
Document #
Y01000020908
969137

June 11, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2002. In addition our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$50.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,


Mario Laricchia