

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000003142

1. Entity Name  
CAPITAL SERVICE COMPANY L.L.C.



Principal Place of Business  
555 SOUTH FEDERAL HIGHWAY  
SUITE 450  
BOCA RATON, FL 33432

Mailing Address  
555 SOUTH FEDERAL HIGHWAY  
SUITE 450  
BOCA RATON, FL 33432



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0629903

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAW OFFICE OF ROBERT C. STONE, P.A.  
555 SOUTH FEDERAL HIGHWAY  
SUITE 450  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME STONE, ROBERT C  
STREET ADDRESS 555 SOUTH FEDERAL HIGHWAY, SUITE 450  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGR  
NAME MURASKIN, JOSEPH H  
STREET ADDRESS 555 SOUTH FEDERAL HIGHWAY, SUITE 450  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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04/20/07-80108-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-3-07