

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90353 029 *****55.00

DOCUMENT # L02000019539

1. Entity Name

CAPITANO & GARCIA, LLC



Principal Place of Business

1320 E 9TH NORTH
TAMPA FL 33605

Mailing Address

1320 E 9TH NORTH
TAMPA FL 33605

2. Principal Place of Business

1320 E. 9th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1320 E. 9th Avenue

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2408673

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITANO, JOSEPH JR.
1320 E 9TH NORTH Avenue
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME CAPITANO, JOSEPH
STREET ADDRESS 1320 E 9TH NORTH
CITY-ST-ZIP TAMPA FL 33605

TITLE MGR ☐ Delete
NAME GARCIA, ALFONSO JR
STREET ADDRESS 1320 E 9TH NORTH
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Capitano, Joseph
STREET ADDRESS 1320 E. 9th Avenue
CITY-ST-ZIP Tampa, FL 33605

TITLE MGR ☒ Change ☐ Addition
NAME Garcia, Alfonso Jr.
STREET ADDRESS 219 N. 20th St
CITY-ST-ZIP Tampa, FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

3-10-05

Date

813-247-4731

Daytime Phone #