

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015994

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** THE CAP FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

5493 WILES ROAD  
SUITE 105-B  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5493 WILES ROAD  
SUITE 105-B  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 73-1665876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, CESAR A MGRMBR  
5493 WILES ROAD  
SUITE 105-B  
COCONUT CREEK, FL 33073 US

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

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: MGR  
Name: PEREZ, CESAR A MGRMBR  
Address: 5493 WILES ROAD STE. 105-B  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRMBR  
Name: PEREZ, GABRIELLE A  
Address: 5493 WILES ROAD # 105-B  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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: CESAR A PEREZ

MGR

02/11/2011

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