

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 013 ****50.00

DOCUMENT # L03000048568

1. Entity Name
CAPITOL MANAGEMENT, LLC



Principal Place of Business
**6600 W ROGERS CIR STE 14
BOCA RATON, FL 33487 US**

Mailing Address
**6600 W ROGERS CIR STE 14
SUITE 402
BOCA RATON, FL 33487 US**

2. Principal Place of Business - No P.O. Box #
1801 Clint Moore Rd
Suite, Apt. #, etc.
217

3. Mailing Address
1801 Clint Moore Rd
Suite, Apt. #, etc.
217

City & State
Boca Raton, FL
Zip
33487 Country

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Zip
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04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
05-0592595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, ASHLEY
6600 W ROGERS CIR STE 14
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name
BLOOM, ASHLEY
Street Address (P.O. Box Number is Not Acceptable)

1801 Clint Moore Rd # 217
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

04/11/07

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLOOM, ASHLEY
6600 W ROGERS CIR STE 14
BOCA RATON, FL 33487** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLOOM, ASHLEY
1801 CLINT MOORE Rd # 217
BOCA RATON FL-33487** ☐ Change ☐ Addition

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/11/07 (561) 912-0029