

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020904

FILED
Jun 04, 2009
Secretary of State

Entity Name: FLORIDA CAPITAL DEVELOPMENTS LLC

Current Principal Place of Business:

16711 COLLINS AVE
210
SUNNY ISLES, FL 33160

New Principal Place of Business:

100 KINGS POINT DR
1403
SUNNY ISLES, FL 33160

Current Mailing Address:

16711 COLLINS AVE
210
SUNNY ISLES, FL 33160

New Mailing Address:

100 KINGS POINT DR
1403
SUNNY ISLES, FL 33160

FEI Number: 20-1349770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TCHERNYKN, SERGUEI
16711 COLLINS AVE
210
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

TCHERNYKN, SERGUEI
100 KINGS POINT DR
1403
SUNNY ISLES, FL 33160 US

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: SERGUEI TCHERNYKH

06/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TCHERNYKN, SERGUEI
Address: 16711 COLLINS AVE #210
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TCHERNYKN, SERGUEI
Address: 100 KINGS POINT DR APT 1403
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SERGUEI TCHERNYKN

MGR

06/04/2009

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