

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 022 ****50.00

DOCUMENT # L05000007834

1. Entity Name

CAPITAL ONE GROUP, LLC



Principal Place of Business

2200 NORTH FEDERAL HIGHWAY
SUITE 221
BOCA RATON FL 33431
US

Mailing Address

2200 NORTH FEDERAL HIGHWAY
SUITE 221
BOCA RATON FL 33431
US



2. Principal Place of Business

900 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 210

3. Mailing Address

900 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 210

1st MOORE

CR2E083 (10/05)

City & State

BOCA RATON, FL.

City & State

BOCA RATON

4. FEI Number

30-0293492

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

FL

Country

33432

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, CHARLES
2200 NORTH FEDERAL HIGHWAY
SUITE 221
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

CHARLES SIMON

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

900 N. FEDERAL HWY.

SUITE 210

City

BOCA RATON

FL

Zip Code

33432

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

Charles Simon

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

(NOTE: Registered Agent signature required when reinstating)

4/27/06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SIMON, CHARLES
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, STE. 221
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
NAME WILLNER, ERIC
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, STE. 221
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
NAME SIMON, BARBARA
STREET ADDRESS 2200 NORTH FEDERAL HIGHWAY, STE. 221
CITY-ST-ZIP BOCA RATON FL 33431

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 900 N. FEDERAL HWY. SUITE 210
CITY-ST-ZIP BOCA RATON, FL. 33432

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 900 N. FEDERAL HWY. SUITE 210
CITY-ST-ZIP BOCA RATON, FL. 33432

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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 exemptions contained in Section 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:

Charles Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/06

Date

5613955599

Daytime Phone #