

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000016218

1. Entity Name
FAMILY CAPITAL HOLDINGS, LLC



Principal Place of Business
1390 SOUTH DIXIE HWY.
SUITE 2209
CORAL GABLES, FL 33146

Mailing Address
1390 SOUTH DIXIE HWY.
SUITE 2209
CORAL GABLES, FL 33146



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0746670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES, FL, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CUERVO, MARIA L
1390 SOUTH DIXIE HWY., SUITE 2209
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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U000000580492
01/10/07-80049-022 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/5/07

Date

305-790-4222

Daytime Phone #