

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 022 ***143.75

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1. Entity Name
CAPITAL INTELLIGENCE, L.L.C.



Principal Place of Business
201 CRANDON BLVD, STE 342
KEY BISCAWAYNE, FL 33149

Mailing Address
31 SOUTHEAST 5TH STREET
APT 2402
MIAMI, FL 33131

60040043



2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE

3. Mailing Address
201 CRANDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
342

04212008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Key Biscayne, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country
33149 USA

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

6. Name and Address of Current Registered Agent

DE MIGUEL, CARLOS
31 SE 5TH STREET
APT 2402
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name DE MIGUEL, CARLOS
Street Address (P.O. Box Number is Not Acceptable)
201 CRANDON BLVD
SUITE 342
City Key Biscayne FL Zip Code 33149

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 re-registering)

4/21/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DEMIGUEL, CARLOS
STREET ADDRESS 31 SOUTHEAST 5TH STREET
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGRM ☒ Change ☐ Addition
NAME DE MIGUEL, CARLOS
STREET ADDRESS 201 CRANDON BLVD, SUITE 342
CITY-ST-ZIP KEY BISCAWAYNE, FL 33149

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

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

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

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

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 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

4/21/08

Date

786-299-5487

Daytime Phone #