

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020927

FILED  
Jul 08, 2007  
Secretary of State

Entity Name: AMERICAP LLC

**Current Principal Place of Business:**

205 MONTGOMERY AVENUE, BLDG 1  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

205 MONTGOMERY AVENUE, BLDG 1  
SARASOTA, FL 34243

**New Mailing Address:**

7366 EATON COURT  
UNIVERSITY PARK, FL 34201

FEI Number: 20-4382656      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:**

**Name and Address of New Registered Agent:**

CASTOR, DEVORAH  
205 MONTGOMERY AVENUE, BLDG 1  
SARASOTA, FL 34243      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LARSON, SHARON  
Address: 205 MONTGOMERY AVENUE, BLDG 1  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM      ( ) Delete  
Name: CASTOR, DEVORAH  
Address: 205 MONTGOMERY AVENUE, BLDG 1  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LARSON, SHARON  
Address: 2411 115TH TERR. E.  
City-St-Zip: PARRISH, FL 34219

Title: MGRM      (X) Change ( ) Addition  
Name: CASTOR, DEVORAH  
Address: 7366 EATON COURT  
City-St-Zip: UNIVERSITY PARK, FL 34201

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: DEVORAH CASTOR

MGRM

07/08/2007

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