

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020927

Entity Name: AMERICAP LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

205 MONTGOMERY AVENUE, BLDG 1
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7366 EATON COURT
UNIVERSITY PARK, FL 34201

New Mailing Address:

4431 N CONDA CT
LITCHFIELD PARK, AZ 85340

FEI Number: 20-4382656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTOR, DEVORAH
7366 EATON COURT
UNIVERSITY PARK, FL 34201 US

Name and Address of New Registered Agent:

LARSON, SHARON
5719 W 22ND ST
BRADENTON, FL 34207 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: SHARON LARSON

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LARSON, SHARON
Address: 5514 N. ORMONDO WAY
City-St-Zip: LITCHFIELD PARK, AZ 85340

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LARSON, SHARON
Address: 4431 N CONDA CT
City-St-Zip: LITCHFIELD PARK, AZ 85340

Title: MGR (X) Change () Addition
Name: SEAMON, KELLY
Address: 13445 W RHINE LANE
City-St-Zip: LITCHFIELD PARK, FL 85340

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: SHARON LARSON

MGRM

04/27/2009

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