2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L07000011276

Entity Name: CAPSTONE LABS, LLC

Current Principal Place of Business:

4 DAYLLON AVE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1835 US HWY 1, SOUTH
SUITE 119, 265
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 76-0850517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTLEY, LEONARD
4 DAYLLON AVE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	HARTLEY, LEONARD	
Address:	4 DAYLLON AVE	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	MGRM	( ) Delete
Name:	HARTLEY, MATT	
Address:	6 DAYLLON AVE	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	MGRM	( ) Delete
Name:	HEMINGWAY, OLGA	
Address:	4 DAYLLON AVE	
City-St-Zip:	ST. AUGUSTINE, FL 32080	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MATTHEW HARTLEY MGMR 02/11/2009

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