

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061841

FILED
May 16, 2008
Secretary of State

Entity Name: THE CAPITAL GROUP, LLC

Current Principal Place of Business:

597 N.E. 93RD STREET
MIAMI SHORES, FL 33138

New Principal Place of Business:

2027 NE 121 RD
NORTH MIAMI, FL 33181

Current Mailing Address:

597 N.E. 93RD STREET
MIAMI SHORES, FL 33138

New Mailing Address:

2027 NE 121 RD
NORTH MIAMI, FL 33181

FEI Number: FEI Number Applied For (X) 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:

ACOSTA, JOE
597 N.E. 93RD STREET
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

ACOSTA, JOE
2027 NE 121 RD
NORTH MIAMI, FL 33181 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:

05/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA, JOE
Address: 597 N.E. 93RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ACOSTA, JOE
Address: 2027 NE 121 RD
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Change (X) Addition
Name: BARKER, NELSON F
Address: 2027 NE 121 RD
City-St-Zip: NORTH MIAMI, FL 33181

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: JOE ACOSTA

MGRM

05/16/2008

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