

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-01-2008 90038 033 ***138.75

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DOCUMENT # L07000105126			
1. Entity Name CAPSTONE BUILDERS LLC			
Principal Place of Business 3052 HICKORY COURT ZOLFO SPRINGS, FL 33890 US		Mailing Address P O BOX 49 ZOLFO SPRINGS, FL 33890 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282008		Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-1255803		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARAY, MICHAEL 3052 HICKORY COURT ZOLFO SPRINGS, FL 33890		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARAY, MICHAEL 3052 HICKORY COURT ZOLFO SPRINGS, FL 33890 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Michael Garay</u>		4-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	