

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076707

Entity Name: CAP1TAB2 LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3150 OLD SAINT AUGUSTINE RD  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5161  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

FEI Number: 27-0703205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANGLEY, WILLIAM F  
5959 DEFOORES STREET  
TALLAHASSEE, FL 32305 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  
Name: LANGLEY, WILLIAM F  
Address: 5959 DEFOORES STREET  
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: MGRM  
Name: BRANCH, TERRENCE A  
Address: 3150 OLD SAINT AUGUSTINE RD  
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby 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: WILLIAM F LANGLEY

MGRM

04/26/2010

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