




Annual report 2014

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY <i>Annual Report 2014</i>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LC9000077064					
1. Limited Liability Company's Name PRIVATE EQUITY CAPITAL LLC					
2. Principal Office Address - No P.O. Box # 1219 S EAST AVE		3. Mailing Office Address 1219 S EAST AVE		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. 304		Suite, Apt. #, etc. 304		5. Date Organized or Qualified To Do Business in Florida 8/11/2009	
City & State SARASOTA, FL		City & State SARASOTA, FL		6. FEI Number 27-0790114	
Zip 34239	Country USA	Zip 34239	Country USA	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name JERRY A GUISENGER					
Street Address (P.O. Box Number is Not Acceptable) 3323 HUNTINGTON PLACE DR					
Suite, Apt. #, Etc.					
City SARASOTA		State FL	Zip Code 34237		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 7/7/14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
(MANAGING MEMBER)	JUDSON T. VILLA	3316 KEY AVE		SARASOTA, FL 34239	
11. E-mail Address: jud@safeirainvestments.com (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 		Date 5-14-2014		Daytime Phone # 941-556-6798	
Typed or printed name of signing Authorized Representative/Manager JUDSON T. VILLA					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OK ready to file as is.

K ASHTON