

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083187

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL FIRST CONSULTANTS, LLC

**Current Principal Place of Business:**

7109 SW 57TH RD  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

12837 N MAIN ST  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

7109 SW 57TH RD  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

12837 N MAIN ST  
JACKSONVILLE, FL 32218 US

**FEI Number:** 27-0821150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL, ROBERT DVM  
7109 SW 57TH RD  
GAINESVILLE, FL 32608 US

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

SPIEGEL, ROBERT DVM  
12837 N MAIN ST  
JACKSONVILLE, FL 32218 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: ROBERT SPIEGEL

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SPIEGEL, ROBERT DVM  
Address: 12837 N MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32218 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: ROBERT SPIEGEL

MGR

04/16/2012

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