

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123337

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Entity Name:** CAPSTONE FACILITY SERVICES LLC

**Current Principal Place of Business:**

7603 SOUTHERN BROOK BEND  
APT. 301  
TAMPA, FL 33635 US

**New Principal Place of Business:**

11576 MISTY ISLE LANE  
RIVERVIEW, FL 33579 US

**Current Mailing Address:**

P. O. BOX 3236  
RIVERVIEW, FL 33568 US

**New Mailing Address:**

**FEI Number:** 27-1594346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONROY, JON  
7603 SOUTHERN BROOK BEND  
APT. 301  
TAMPA, FL 33635 US

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

CONROY, JON  
11576 MISTY ISLE LANE  
RIVERVIEW, FL 33579 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:** JON CONROY

02/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PVS  
**Name:** CONROY, JON  
**Address:** 11576 MISTY ISLE LANE  
**City-St-Zip:** RIVERVIEW, FL 33579 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:** JON CONROY

PVS

02/04/2012

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