

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082966

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** DIRECT CAPTIAL ADVISORS, LLC

**Current Principal Place of Business:**

15880 SUMMERLIN RD #300 PMB 124  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

15880 SUMMERLIN RD #300 PMB 124  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 27-3439504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAKOWSKI, JOYCE V MS  
15880 SUMMERLIN RD #300 PMB 124  
FORT MYERS, FL 33908 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:** RAKOWSKI, JOYCE V  
**Address:** 17038 COLONY LAKES BLVD  
**City-St-Zip:** FORT MYERS, FL 33908 US

**Title:** MGRM  
**Name:** FISHER, LOWELL M  
**Address:** 15880 SUMMERLIN RD #300 PMB 124  
**City-St-Zip:** FORT MYERS, FL 33908 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:** JOYCE V. RAKOWSKI

MGR

03/15/2012

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