

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117021

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** CAPITAL INSURANCE & ASSET PROTECTION , LLC

**Current Principal Place of Business:**

18332 CYPRESS STAND CIR  
TAMPA, FL 33647

**New Principal Place of Business:**

14502 N DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33618

**Current Mailing Address:**

18332 CYPRESS STAND CIR  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-3949362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEHTA, HAREN  
18332 CYPRESS STAND CIR  
TAMPA, FL 33647 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: MGR  
Name: MEHTA, HAREN  
Address: 18332 CYPRESS STAND CIR  
City-St-Zip: TAMPA, FL 33647

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: HAREN MEHTA

MGRM

04/21/2011

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