

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080078

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL OFFICE FURNITURE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

2108 NW 99 AVENUE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2108 NW 99 AVENUE  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 45-2727371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CEBALLOS, HAYDEE CPA  
354 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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:** RAYAN INVESTMENT, LLC  
**Address:** 2108 NW 99 AVENUE  
**City-St-Zip:** DORAL, FL 33172

**Title:** MGRM  
**Name:** STALLINGS, RODNEY W  
**Address:** 1932 REDMARK LANE  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** MGR  
**Name:** SCHMITT, RAYMOND  
**Address:** 1107 ASTURIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** SCHMITT, HELENA  
**Address:** 1107 ASTURIA AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** SCHIAVONE, JAN  
**Address:** 950 BRICKELL DRIVE #4004  
**City-St-Zip:** MIAMI, FL 33131 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:** RAYMOND SCHMITT

MGR

04/26/2012

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