

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # L12000059507

1. Entity Name

Edinburgh Capital, LLC



FILED

Feb 18, 2013 08:00 AM

Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
1835 E.Hallandale Beach

3. Mailing Address
1835 E.Hallandale Beach

Suite, Apt. #, ect.
Suite #160

Suite, Apt. #, ect.
Suite #160

CR2E083B (1/11)

City & State
Hallandale BEach, FL

City & State
Hallandale Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name
Andres Marera

Street Address (P.O. Box Number is Not Acceptable)
1835 E. Hallandale Beach Blvd #160

City
Hallandale Beach FL Zip Code
33009

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

andresmarera68@gmail.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Andres Marera
1835 E.Hallandale BEach Blvd #160
Hallandale Beach, FL 33009

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.105, F.S.

SIGNATURE:

Andres Marera MGR

2/13/2013 787-679-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#