

# **LIMITED LIABILITY COMPANY ANNUAL REPORT**

For Office Use Only  
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DOCUMENT # L12000059507

1. Entity Name

Edinburgh Capital LLC



**FILED**  
**Mar 13, 2014 08:00 AM**  
**Secretary of State**

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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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IN THIS SPACE**

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 Ste #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 \$638.75**

**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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

10.

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IN THIS SPACE**

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. 817.155, F.S.

SIGNATURE:

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

MGR

3/7/14

Date

787-679-6750

Daytime Phone#