

LI9000 086 140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

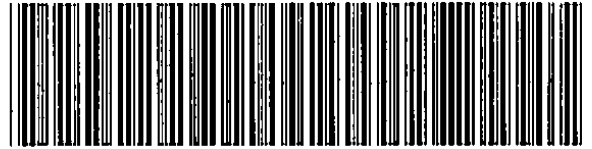
(Business Entity Name)

(Document Number)

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2019 AUG 30 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V. SULKER

SEP 11 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**CAPITAL COMMUNITY INVESTMENTS LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JEREMIAH RAYMONVIL**

\_\_\_\_\_  
Name of Person

**CAPITAL COMMUNITY INVESTMENTS LLC**

\_\_\_\_\_  
Firm/Company

**16850 COLLINS AVE STE 293**

\_\_\_\_\_  
Address

**SUNNY ISLES BEACH, FL 33160**

\_\_\_\_\_  
City/State and Zip Code

**JRAYMONVIL@CAPITALCOMMUNITYINVESTS.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JEREMIAH RAYMONVIL**

**786**

**356-6914**

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

## CAPITAL COMMUNITY INVESTMENTS LLC

1. Name of the limited liability company: 16850 COLLINS AVE STE 293 SUNNY ISLES BEACH, FL 33160

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

03/28/2019

L19000086140

3. Date of filing/registration in Florida 4. Document number  
JEREMIAH RAYMONVIL

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
16850 COLLINS AVE STE 293

SUNNY ISLES BEACH, 33160  
, FL

MARIE RAYMONVIL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

FILED  
2019 AUG 30 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA