

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106918

**Entity Name:** CAPSTONE INSURANCE, LLC.

**Current Principal Place of Business:**

8406 MASSACHUSETTS AVE  
SUITE A-2  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

8406 MASSACHUSETTS AVE  
SUITE A-2  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 20-3725123

**Certificate of Status Desired:** No

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

RICHARDSON, GREGORY W  
8406 MASSACHUSETTS AVE  
SUITE A-2  
NEW PORT RICHEY, FL 34653 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name RICHARDSON, GREGORY W  
Address 3601 LONZALO WAY  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGRM  
Name MITCHELL, D. DEWEY  
Address 8600 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGRM  
Name CRUMBLEY, ALLEN  
Address 10811 PANICUM COURT  
City-State-Zip: NEW PORT RICHEY FL 34655

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY RICHARDSON

**MANAGING MEMBER**

**01/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date