

2019 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: Yes

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

Title MMBR
Name RICHARDSON, AUSTIN
Address 2902 LONG BOW WAY
City-State-Zip: ODESSA FL 33556

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 W RICHARDSON

MMBR

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date