

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106918

**Entity Name:** CAPSTONE INSURANCE, LLC.**Current Principal Place of Business:**4539 MILE STRETCH DRIVE  
HOLIDAY, FL 34690**Current Mailing Address:**4539 MILE STRETCH DRIVE  
HOLIDAY, FL 34690**FEI Number:** 20-3725123**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICHARDSON, GREGORY W  
4539 MILE STRETCH DRIVE  
HOLIDAY, FL 34690 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	1503 PARILLA CIRCLE
City-State-Zip:	TRINITY FL 34655
Title	MGRM
Name	MITCHELL, D. DEWEY
Address	8600 STATE ROAD 54
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	MGRM
Name	FREEMAN, WILLIAM M
Address	6204 ROCK ROSS AVENUE
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 W. RICHARDSON

OWNER

02/05/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date