

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000143031

**Entity Name:** NEW START CAPITAL LLC

**Current Principal Place of Business:**

304 SWEETBRIER BRANCH LN  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

304 SWEETBRIER BRANCH LN  
JACKSONVILLE, FL 32259 US

**FEI Number:** 46-3853609

**Certificate of Status Desired:** No

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

SALLOUM, ZAHER  
304 SWEETBRIAR BRANCH LN  
JACKSONVILLE, FL 32259 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 SALLOUM, ZAHER  
Address 304 SWEETBRIAR BRANCH LN  
City-State-Zip: JACKSONVILLE FL 32259

Title MGRM  
Name SALOUM, SAMER  
Address 10411 SCOTT MILL RD  
City-State-Zip: JACKSONVILLE FL 32257

Title MGRM  
Name SALOUM, SALIM  
Address 3670 REEDPOND DR  
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM  
Name SALLOUM, MAZEN  
Address 3959 SPRING GLEN RD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** ZAHER SALLOUM

MGRM

01/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date