

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044090

**Entity Name:** CAPITAL PLUS LLC

**Current Principal Place of Business:**

7217 NW 46 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

7217 NW 46 STREET  
MIAMI, FL 33166 US

**FEI Number:** 32-0441462

**Certificate of Status Desired:** No

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

REY, JUAN PABLO  
7217 NW 46TH STREET  
MIAMI, FL 33166 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:** JUAN PABLO REY

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name REY, JUAN PABLO  
Address 7217 NW 46 STREET  
City-State-Zip: MIAMI FL 33166

Title AUTHORIZED MEMBER  
Name ARDILA, CLAUDIA LILIANA  
Address 7217 NW 46 STREET  
City-State-Zip: MIAMI FL 33166

*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:** JUAN PABLO REY

MANAGING MEMBER

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date