

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000105725

**Entity Name:** CAPRICORN CONSULTING, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33135

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33135 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BARRIOS-BALBIN, P.A.  
201 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33135 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            AMBR  
Name            GARCIA, RAUL J  
Address        201 ALHAMBRA CIRCLE, SUITE 500  
City-State-Zip: CORAL GABLES FL 33135

*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:** RAUL J. GARCIA

AMBR

02/09/2024

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

\_\_\_\_\_ Date