

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000177320

**Entity Name:** CAPFMP, LLC

**Current Principal Place of Business:**

10830 SW 72 STREET  
APT. 14  
MIAMI, FL 33173

**Current Mailing Address:**

10830 SW 72 STREET  
APT. 25  
MIAMI, FL 33173 US

**FEI Number:** 81-4583922

**Certificate of Status Desired:** No

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

DELGADO DE ARMAS, RAUL R  
2525 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134 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 MGR  
Name PALOMARES, LOURDES  
Address 10830 SW 72 STREET, APT. 14  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name PALOMARES, LOURDES  
Address 10830 SW 72 STREET, APT. 14  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name PALOMARES, CARLOS A  
Address 10830 SW 72 STREET, APT. 14  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name PALOMARES, FRANZ M  
Address 10830 SW 72 STREET, APT. 14  
City-State-Zip: MIAMI FL 33173

*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:** LOURDES PALOMARES

03/06/2020

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

\_\_\_\_\_  
Date