#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001602

Entity Name: CAPITAL PROPERTIES OF LEON COUNTY, L.L.C.

FILED
Mar 27, 2014
Secretary of State
CC0063621919

## **Current Principal Place of Business:**

1117 THOMASVILLE RD. TALLAHASSEE. FL 32303

# **Current Mailing Address:**

P.O. BOX 12099

TALLAHASSEE, FL 32317

FEI Number: 59-3533824 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Title MGRM

Address

Name GUNTER, WILLIAM

Name ROGERS, SAMUEL BJR.

Address 1117 SAVANNA TRACE
City-State-Zip: TALLAHASSEE FL 32312

City-State-Zip: TALLAHASSEE FL 32312

1741 MARSTON PLACE

Title MGRM

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Name ROGERS, SAMUEL BSR.
Address 3710 GALWAY DRIVE

City-State-Zip: TALLAHASSEE FL 32308

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: SAMUEL B ROGERS, SR.

MANAGING MEMBER

03/27/2014