

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000001602

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

**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  
Name GUNTER, WILLIAM  
Address 1101 SAVANNA TRACE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM  
Name ROGERS, SAMUEL BJR.  
Address 1741 MARSTON PLACE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM  
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 PARTNER**

**03/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date