

2015 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 1117 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.

MANAGER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date