

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021687

FILED
Jun 26, 2009
Secretary of State

Entity Name: CAPE CANDLE LLC

Current Principal Place of Business:

1010 NW 8TH STREET UNIT 3
CAPE CORAL, FL 33909

New Principal Place of Business:

1010 NE 8TH STREET
UNIT 3
CAPE CORAL, FL 33909

Current Mailing Address:

1010 NW 8TH STREET UNIT 3
CAPE CORAL, FL 33909

New Mailing Address:

1010 NE 8TH STREET
UNIT 3
CAPE CORAL, FL 33909

FEI Number: 20-2253231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOMMER, WILLIAM F
12620 ARBUCKLE CT.
NORTH FT. MYERS, FL 33903 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SOMMER, WILLIAM F
Address: 12620 ARBUCKLE CT.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SOMMER, ROBERT P
Address: 4580 RANDAG DR.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM F SOMMER

MGR

06/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date