

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021687

**Entity Name:** CAPE CANDLE LLC

**Current Principal Place of Business:**

9801 LELLA AVE  
TAMPA, FL 33615

**Current Mailing Address:**

12620 ARBUCKLE CT  
N FORT MYERS, FL 33903 US

**FEI Number:** 20-2253231

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Authorized Person(s) Detail :**

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

Title MGR  
Name SOMMER, ROBERT P  
Address 2477 SIERRA LN  
City-State-Zip: PUNTA GORDA FL 33950

Title AUTHORIZED MEMBER, MANAGER  
Name SOMMER, TIMOTHY E  
Address 436 PINEHURST AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** WILLIAM SOMMER

**AUTHORIZED  
REPRESENTATIVE**

**02/02/2022**

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

\_\_\_\_\_  
Date