

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021687

**Entity Name:** CAPE CANDLE LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**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 4580 RANDAG DR.  
City-State-Zip: NORTH FT. MYERS FL 33903

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM SOMMER

MGRM

02/15/2013

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

\_\_\_\_\_  
Date