

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000061994

**Entity Name:** M.C. SCHLEWER LLC

**Current Principal Place of Business:**

1417 SW 28TH TER  
CAPE CORAL, FL 33914

**Current Mailing Address:**

PO BOX 150 456  
CAPE CORAL, FL 33915 US

**FEI Number:** 47-3697168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHLEWER, MYRIAM  
1417 SW 28TH TER  
CAPE CORAL, FL 33914 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 AMBR  
Name SCHLEWER, MYRIAM  
Address 1417 SW 28TH TER  
City-State-Zip: CAPE CORAL FL 33914

Title AR  
Name CODE, MARIE B  
Address 1308 SW 27TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

*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:** MYRIAM SCHLEWER

AMBR

03/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date