

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000053649

**Entity Name:** 339 CAPE ENTERPRISES, LLC\*\*\*\*\*

**Current Principal Place of Business:**

4212 NW 33RD LANE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

4212 NW 33RD LANE  
CAPE CORAL, FL 33993 US

**FEI Number:** 82-4662302

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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	Title	AMBR
Name	CLAIRE E SCHMITHORST,	Name	KENNETH R. SCHMITHORST, AMBR
Address	4212 NW 33RD LANE	Address	4212 NW 33RD LANE
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993

*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:** CLAIRESCHMITHORST

AMBR

01/13/2021

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

\_\_\_\_\_  
Date