

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000476040

**Entity Name:** APE CAPITAL, LLC

**Current Principal Place of Business:**

8507 NW 64TH LN  
GAINESVILLE, FL 32653

**Current Mailing Address:**

8507 NW 64TH LN  
GAINESVILLE, FL 32653 UN

**FEI Number:** 87-3392030

**Certificate of Status Desired:** No

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

LEE, ARTHUR C  
8507 NW 64TH LN  
GAINESVILLE, FL 32653 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 LEE, ARTHUR C  
Address 8507 NW 64TH LN  
City-State-Zip: GAINESVILLE FL 32653

Title AMBR  
Name TODD, GRAND  
Address 6331 NW 83RD DRIVE  
City-State-Zip: GAINESVILLE FL 32653

Title AMBR  
Name ACEVEDO, PATRICK  
Address 3311 SE 18TH CT  
City-State-Zip: Ocala FL 34471

Title AMBR  
Name JAFFE, EDWARD  
Address 2272 SW 91ST STREET  
City-State-Zip: GAINESVILLE FL 32607

Title AMBR  
Name JAFFE, JONATHAN M  
Address 1000 BISCAYNE BLVD  
#3302  
City-State-Zip: MIAMI FL 33132

*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:** ARTHUR C LEE

**MGR**

**04/05/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date