

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000451

Entity Name: CAPE ELECTRICAL SUPPLY, LLC**Current Principal Place of Business:**489 KELL FARM DRIVE
CAPE GIRARDEAU, MO 63701-9028**Current Mailing Address:**489 KELL FARM DRIVE
CAPE GIRARDEAU, MO 63701-9028 US**FEI Number:** 45-0575630**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name PROPST, BEVERLY L
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MGR
Name THOMA, KYLE
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name JETER, CRAIG W.
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name DESOUSA, DENNIS E.
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name GEEKIE, MATTHEW W
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name HARWOOD, RANDALL R
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name BURNHAM, ROBERT E
Address 34 N. MERAMEC AVE
City-State-Zip: ST. LOUIS MO 63105

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: MATTHEW W. GEEKIE

MANAGER

04/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date