

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000021840

Entity Name: CAPPEL'S FUND., L.L.C.

FILED
Oct 01, 2012
Secretary of State

Current Principal Place of Business:

3718 LYDIA ESTATES DRIVE, EAST
JACKSONVILLE, FL 32218

New Principal Place of Business:

3718 LYDIA ESTATES DRIVE, N.
JACKSONVILLE, FL 32218

Current Mailing Address:

3718 LYDIA ESTATES DRIVE, EAST
JACKSONVILLE, FL 32218

New Mailing Address:

3718 LYDIA ESTATES DRIVE, N.
JACKSONVILLE, FL 32218

FEI Number: 20-0888725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPEL, LENAN
3718 LYDIA ESTATES DRIVE, EAST
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CAPPEL, LENAN
3718 LYDIA ESTATES DRIVE, N.
JACKSONVILLE, FL 32218 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: LENAN CAPPEL

10/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CAPPEL, LENAN
Address: 3718 LYDIA ESTATES DRIVE, N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM
Name: CAPPEL, PAULINE CAPPEL
Address: 3718 LYDIA ESTATES DRIVE, N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM
Name: CAPPEL, LENAN
Address: 1321 DELAFIELD PL. NW
City-St-Zip: WASHINGTON, DC 20011

Title: MGRM
Name: CAPPEL, PAULINE
Address: 1321 DELAFIELD PL. NW
City-St-Zip: WASHINGTON, DC 20011

I hereby certify that the information indicated on this 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.

SIGNATURE: LENAN CAPPEL

MGRM

10/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date