

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000021840

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

**FILED**  
**Nov 16, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

3718 LYDIA ESTATES DRIVE, N.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

3718 LYDIA ESTATES DRIVE, N.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

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, N.  
JACKSONVILLE, FL 32218 US

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

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

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

MGR

11/16/2013

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