

11080000050/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

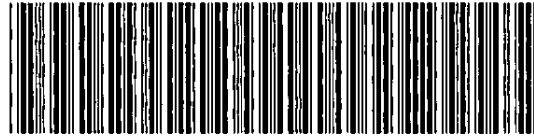
Special Instructions to Filing Officer:

**A. LUNT**

MAY - 6 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chesnut & Cape Capital Partners, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James C. Naleid

(Name of Person)

Chesnut & Cape Capital Partners, LLC

(Firm/Company)

P.O. Box 189

(Address)

La Crosse, WI 54602-0189

(City/State and Zip Code)

For further information concerning this matter, please call:

James C. Naleid at ( 608 ) 779-9091

(Name of Person)

(Area Code and Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Chesnut & Cape Capital Partners, LLC.
2. This entity was formed under the laws of: Delaware.
3. This entity was authorized to transact business in Florida on November 13, 2008 and its Florida document/registration number is M08000005013.
4. The name and address of each manager or managing member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

James C. Naleid  
P.O. Box 189  
La Crosse, WI 54601

MGRM

Steven P. Tanke (Alternate Managing Member)  
2130 Grand View Blvd.  
Onalaska, WI 54650

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Required Signature: \_\_\_\_\_

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25