

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024550

**Entity Name:** CAPAIR, LLC

**Current Principal Place of Business:**

18900 SOUTH RIVER ROAD  
ALVA, FL 33920

**Current Mailing Address:**

18900 SOUTH RIVER ROAD  
ALVA, FL 33920 US

**FEI Number:** 76-0736116

**Certificate of Status Desired:** No

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

CAPPER, SEAN W  
18900 SOUTH RIVER ROAD  
ALVA, FL 33920 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 P  
Name CAPPER, SEAN W  
Address 9554 BLUE STONE CIR  
City-State-Zip: FORT MYERS FL 33913

*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:** CAPPER,SEAN W

P

06/12/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date