

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000092272

**Entity Name:** CAPEN TRANSPORT LLC

**Current Principal Place of Business:**

1997 SW AQUARIUS LN  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

P.O. BOX 513  
WEST PALM BEACH, FL 33402

**FEI Number: 85-0967544**

**Certificate of Status Desired: No**

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

FRANCISQUE, JEPHTE  
1997 SW AQUARIUS LN  
PORT ST LUCIE, FL 34984 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 MGR  
Name FRANCISQUE, JEPHTE  
Address 1997 SW AQUARIUS LN  
City-State-Zip: PORT ST LUCIE FL 34984

*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: JEPHTE FRANCISQUE**

**OWNER**

**01/06/2021**

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

\_\_\_\_\_  
Date