CLAYTON, SHARON 5647 LAKE MABEL LOOP ROAD LAKE WALES, FL 33898 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:	SHARON CLAYTON			04/03/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Authorized P	erson(s) Detail :			
	erson(s) Detail : <sup>MGR</sup>	Title	MGR	
Title		Title Name	MGR PINEDA, GUSTAVO	

City-State-Zip:

HAINES CITY FL 33844-5914

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. 04/03/2024

SIGNATURE: PINEDA, GUSTAVO

Electronic Signature of Signing Authorized Person(s) Detail

5647 LAKE MABEL LOOP ROAD LAKE WALES. FL 33898

DOCUMENT# L20000304606

## **Current Mailing Address:**

5647 LAKE MABEL LOOP ROAD LAKE WALES. FL 33898 US

### FEI Number: 85-3352496

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

Entity Name: CAP ENTERPRISES OF FL LLC

**Current Principal Place of Business:** 

City-State-Zip: LAKE WALES FL 33898

# Certificate of Status Desired: No

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Apr 03, 2024 Secretary of State 7544367406CC

Date

MGR