# 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.

MANAGER

### SIGNATURE: APRIL CAPPS

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# M0400005641

#### Entity Name: CAPPS LAND MANAGEMENT AND MATERIAL LLC

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Current Principal Place of Business:

114 HALSEMA ROAD S. JACKSONVILLE, FL 32220

#### **Current Mailing Address:**

114 HALSEMA ROAD S. JACKSONVILLE, FL 32220 US

#### FEI Number: 20-1668768

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

CAPPS, APRIL M 114 HALSEMA RD S JACKSONVILLE, FL 32220 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CAPPS, APRIL	Name	CAPPS, JOANN
Address	114 HALSEMA ROAD S.	Address	114 HALSEMA ROAD S.
City-State-Zip:	JACKSONVILLE FL 32220	City-State-Zip:	JACKSONVILLE FL 32220

Certificate of Status Desired: No

04/29/2024

#### FILED Apr 29, 2024 Secretary of State 1076264650CC

Date

Date