2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000003987

1. Entity Name

N&C, LLC

FILED

01 MAY 17 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
100 Wallace Ave	
Suite 240	Same
Sarasota, FL	
Zip 34237 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: John E. Napolitano
	Street Address (P.O. Box Number is Not Acceptable): 100 Wallace Avenue
	Suite 240
	City: Sarasota FL Zip Code: 34237

8. 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 _____ 5.14.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager John E. Napolitano 100 Wallace Avenue, Suite 240 Sarasota, FL 34237 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member John E. Napolitano 100 Wallace Avenue, Suite 240 Sarasota, FL 34237 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Mgr~~ Member Frances Grace Cooper 100 Wallace Avenue, Suite 240 Sarasota, FL 34237 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Napolitano & Cooper, P.A. 100 Wallace Avenue, Suite 240 Sarasota, FL 34237 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ 5.14.01 (941) 308-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #