

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90031 045 ****50.00

DOCUMENT # L00000006551

1. Entity Name
LE BOUCHON COMPANY, LLC



Principal Place of Business
**1540 CHESAPEAKE AVENUE
NAPLES FL 34102**

Mailing Address
**1540 CHESAPEAKE AVENUE
NAPLES FL 34102**

2. Principal Place of Business
1170 3rd ST. S. F-103
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

4. FEI Number **59-3650499**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOLFF, CASEY
801 ANCHOR ROSE DRIVE, STE 203
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

ALLEHAUX, JACQUES

Street Address (P.O. Box Number is Not Acceptable)

1170 3rd ST. SOUTH F-103

City

NAPLES

FL

Zip Code

34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/18/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALLEHAUX, JACQUES
1540 CHESAPEAKE AVENUE
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
ALLEHAUX, SYCULE
1540 CHESAPEAKE AVENUE
NAPLES FL 34102** ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

3/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)