

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90095 015 ***138.75

DOCUMENT # L00000007372

1. Entity Name
SBS OF NAPLES, L.L.C.



Principal Place of Business
**6001 TAYLOR ROAD
NAPLES, FL 34109**

Mailing Address:
**6001 TAYLOR ROAD
NAPLES, FL 34109**

60006730



01192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1019332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAVIELLO, MICHAEL A JR,
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
EMILIO SADEZ

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

6001 TAYLOR ROAD

City
NAPLES

FL

Zip Code
34109

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)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SADEZ, EMILIO J
6632 STONEGATE DRIVE
NAPLES, FL 34109**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEAUDET, MARC R
400 RAVEN WAY 618 CYPRESS WAY EAST
NAPLES, FL 34110**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/08 239 591 1112