

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90028 009 \*\*\*\*50.00

**DOCUMENT # L00000008010**

1. Entity Name  
**CONFOY COALITION, L.L.C.**



Principal Place of Business

**167 VIA NAPOLI  
NAPLES FL 34105**

Mailing Address

**167 VIA NAPOLI  
NAPLES FL 34105**

2. Principal Place of Business

**130 EDMERE WAY SO.**

3. Mailing Address

**130 EDMERE WAY SO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**59-3657796**

Applied For

Not Applicable

Zip

**34105**

Country

**USA**

Zip

**34105**

Country

**USA**

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

**CONROY III, J. THOMAS  
3838 TAMiami TRAIL NORTH, STE 402  
NAPLES FL 34103**

Name

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

**2640 GOLDEN GATE PKWY, STE 115**

City

**NAPLES**

**FL**

Zip Code

**34105**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PART**  
**CONFOY, WILLIAM D**  
**167 VIA NAPOLI**  
**NAPLES FL 34105** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**130 EDMERE WAY SO.**  
**NAPLES FL 34105** ☒ 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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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

**WILLIAM D. CONFOY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/27/03**  
Date

**(239) 643-0001**  
Daytime Phone #

CR2E083 (10/02)