

FILED  
Aug 01, 2003 8:00 am  
Secretary of State

07-18-2003 90020 019 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000012492

1. Entity Name

PUOPOLO & ASSOCIATES, L.L.C.



Principal Place of Business

27657 OLD 41 ROAD  
BONITA SPRINGS FL 34135

Mailing Address

P.O. BOX 2507  
BONITA SPRINGS FL 34133

55052997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3678404

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: WILLIAM W. MARSLAND

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

27657 OLD 41 RD

City BONITA SPRINGS

FL

Zip Code 34135

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

*William W. Marsland*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

7-16-03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARSLAND, WILLIAM W	
STREET ADDRESS	27657 OLD HWY 41 RD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	SMITH, BRADLEY R	
STREET ADDRESS	27657 OLD HWY 41 RD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAWRENCE, PEREZ	
STREET ADDRESS	27657 OLD 41 RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*William W. Marsland*  
WILLIAM W. MARSLAND

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

7-16-03

Date

239-992-4232

Daytime Phone

CR2E083 (4/03)