

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013605

1. Entity Name

PETERSEN DESIGN ASSOCIATES, L.L.C.

FILED

01 JAN 29 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6001 TAYLOR ROAD
NAPLES FL 34109

Mailing Address

6001 TAYLOR ROAD
NAPLES FL 34109

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

65-1053308

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 J. SADER

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

1916 MANCHESTER CIRCLE

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.

SIGNATURE

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

EMILIO J. SADER

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	EMILIO SADER	1916 MANCHESTER CIRCLE	NAPLES, FL 34109	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LINDA PETERSEN	1885 46X CHATEAU	SUITE #303	
			NAPLES, FL 34109	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

Emilio J. Sader
SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/12/00

941-591-1114

CR2E083 (11/00)