

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90271 005 ****50.00

0036634

DOCUMENT # L01000000205

1. Entity Name
BILARO, LLC



Principal Place of Business
**354 OAK AVE
NAPLES FL 34108**

Mailing Address
**354 OAK AVE
NAPLES FL 34108**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12005 COLLIERS RESERVE DR
Suite, Apt. #, etc.

3. Mailing Address
12005 COLLIERS RESERVE DR
Suite, Apt. #, etc.

City & State
NAPLES, FL
Zip
34110-0909
Country
USA

City & State
NAPLES, FL
Zip
34110-0909
Country
USA

4. FEI Number **59-3689949**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBARDS, WILLIAM T
354 OAK AVE
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12005 COLLIERS RESERVE DRIVE
City
NAPLES **FL** Zip Code
34110-0909

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 _____ (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	MGRM ROBARDS, WILLIAM T 354 OAK AVE NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBARDS, LAURA S 354 OAK AVE NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *Rodolfo Robards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-03 **239-593-1778**
Date Daytime Phone #

CR2E083 (10/02)