

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002642

1. Entity Name
MANFREDI VUKOBRATOVICH, LLC



Principal Place of Business
2400 TAMiami TRAIL NORTH
SUITE 101
NAPLES, FL 34103

Mailing Address
2400 TAMiami TRAIL NORTH
SUITE 101
NAPLES, FL 34103



07062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3620960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, MARK J ESQ.
850 PARK SHORE DRIVE
SUITE 300
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VUKOBRATOVICH, GEORGE
2400 TAMiami TRAIL NORTH
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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07/11/05-80014-007 50.00

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IN THIS SPACE**

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #