

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90067 004 ****50.00

DOCUMENT # L01000005781

1. Entity Name

IMMOKALEE TOWN MARKET, L.C.

DO NOT WRITE IN THIS SPACE

966847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7675 Santa Margherita Way

Suite, Apt. #, etc.

3. Mailing Address

7675 Santa Margherita Way

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Status Desired ☐ **Additional**

\$5.00 **Fee Required**

7. Name and Address of Current Registered Agent

Name

Bolanos Truxton, PA

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

12800 University Drive

Suite 340

City

Fort Myers

FL

Zip Code

33907

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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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Chami, Georges
7675 Santa Margherita Way
Naples, FL 34109

TITLE
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STREET ADDRESS
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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)(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:

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

Date

Daytime Phone #

4/30/02 941-571-7777

CR2E083B (12/01)