

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009584

1. Entity Name
PINOCCHIOS, LLC

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 017 ****50.00

0038385

Principal Place of Business
14830 MAHOE COURT
FORT MYERS FL 33908

Mailing Address
14830 MAHOE COURT
FORT MYERS FL 33908

Change To ↓

2. Principal Place of Business
362 Periwinkle Way
Suite, Apt. #, etc.

3. Mailing Address
362 Periwinkle Way
Suite, Apt. #, etc.

City & State
Sanibel FL
Zip 33957 Country Lee

City & State
Sanibel FL
Zip 33957 Country Lee

4. FEI Number
65-1119765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUEÑAS, ALAN M
14830 MAHOE COURT
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| MGR Allison Duñas 362 Periwinkle Way Sanibel FL 33957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
|--|---|
| 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"/> 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:

(Signature) ALAN M. DUEÑAS 1/11/02 941-422-6566

CR2E083 (9/01)