MJH

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03 APR 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009584

1. Entity Name
PINOCCHIOS, LLC

Principal Place of Business	Mailing Address
362 PERIWINKLE WAY SANIBEL, FL 33957	362 PERIWINKLE WAY SANIBEL, FL 33957

000016324470
4/18 04/18/03--01045--019 **50.00

2. Principal Place of Business	3. Mailing Address
14830 Mahoe Ct.	14830 Mahoe Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft myers Fl.	City & State: Ft myers Fl.
Zip: 33908 Country: USA	Zip: 33908 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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

DUENAS, 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. 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
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	MGR DUENAS, ALLISON 362 PERIWINKLE WAY SANIBEL, FL 33957 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Duenas, Allison 14830 Mahoe Ct. Ft myers Fl. 33908 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

Just changing Address

CR2E083 (10/02)

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] 4/15/03 (239) 437-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #