

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010940

1. Entity Name  
ACQUAINT, LLC



FILED

2004 OCT 11 PM 2:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3115 GULFSHORE BLVD N  
#102  
NAPLES, FL 34103

Mailing Address  
3115 GULFSHORE BLVD N  
#102  
NAPLES, FL 34103



2. Principal Place of Business

210 PENNY STREET

Suite, Apt. #, etc.

3. Mailing Address

210 PENNY STREET

Suite, Apt. #, etc.

07212004

Chg-LLC

CR2E083 (10/03)

City & State

HALLANDALE FL

City & State

HALLANDALE FL 33009

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-1124548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCIGLIANO, JORGE  
3115 GULFSHORE BLVD N  
#102  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

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

210 PENNY STREET

City

HALLANDALE

FL

Zip Code

33009

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

10/7/04

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME JORGE RAUL SCIGLIANO  
STREET ADDRESS 3115 GULFSHORE BLVD N #102  
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE MGRM  
NAME FABIAN JORGE TOBIAS  
STREET ADDRESS 3115 GULFSHORE BLVD N #102  
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 210 PENNY STREET  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 210 PENNY STREET  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 600041780386  
CITY-ST-ZIP 10/11/04--01049--013 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/7/04