

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90039 017 ****50.00

DOCUMENT # L01000010940

1. Entity Name
ACQUAINT, LLC



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

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

20023735



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1124548**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE _____

FILE NOW!!! 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 **MGRM** ☐ Delete
JORGE RAUL SCIGLIANO
STREET ADDRESS **3115 GULFSHORE BLVD N #102**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

TITLE _____
NAME _____
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CITY-ST-ZIP _____
☐ Change ☐ Addition

TITLE _____
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☐ Delete

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____
☐ Delete

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 REQUIRED

01/30/03

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

Date

Daytime Phone #

CP2E083 (10/02)