

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90091 004 \*\*\*\*50.00

**DOCUMENT # L01000013246**

1. Entity Name  
**NUTMEG LLC**

Principal Place of Business

6017 PINE RIDGE ROAD  
 SUITE 262  
 NAPLES FL 34119

Mailing Address

6017 PINE RIDGE ROAD  
 SUITE 262  
 NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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 --

**NAPLES-LAWDOCK, INC.**  
**4301 NORTH TAMiami TRAIL**  
**SUITE 300**  
**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
PRESIDENT	DAVID CHAMBERS		
6017 PINE RIDGE RD #262			
NAPLES FL 34119			
VICE PRESIDENT	HAROLD CHAMBERS		
6017 PINE RIDGE RD #262			
NAPLES FL 34119			
SECRETARY	MELESSA CHAMBERS		
6017 PINE RIDGE RD #262			
NAPLES FL 34119			

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:

*Melessa Chambers*

9-10-02

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

Date

Daytime Phone #

CR2E083 (4/02)