

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

002034

DOCUMENT # L01000016002

1. Entity Name

VILLA FIRENZE, LLC

02-26-2002 90013 011 *****50.00

Principal Place of Business

9853 NORTH TAMiami TRAIL, SUITE 218
NAPLES FL 34108

Mailing Address

9853 NORTH TAMiami TRAIL, SUITE 218
NAPLES FL 34108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1138787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSOER, GEORGE L JR.
KNOTT, CONSOER, HART & SWETT, P.A.
1625 HENDRY STREET
FORT MYERS FL 33901

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE *MGR*
NAME *JAMES G. HAMMAR*
STREET ADDRESS *5107 KENSINGTON HIGH ST.*
CITY-ST-ZIP *NAPLES, FL 34105*

☐ Change ☒ Addition

TITLE *MGR*
NAME *CHRISTOPHER M. CIOFFI*
STREET ADDRESS *2317 HARRIER RUN*
CITY-ST-ZIP *NAPLES, FL 34105*

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: *James G. Hammar*
SIGNATURE REQUIRED

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

Date

2/11/02 *941-598-1211*

Daytime Phone #

CR2E083 (9/01)