LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jul 25, 2002 8:00 am Secretary of State

DOCUMENT # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					07-25-2002 90128 011 *****50.00			
1100 Building, LLC								
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address					971340			
1100 5 Suite, Apt. 210	+ Avenue South =	ue South	do not write in this space					
City & State Naples, FL		2/0 City & State Naples , Florida		4 . F			Applied For Not Applicable	
-Zip 341	02 Country	Zip -34102 -	Country USA	_5. C	ertificate of Status Desire		00 Additional Required	
			,	7. Na	me and Address of Curr			
a	DO NOT WRITE Name Per Street Address (
				Idress (P. 2 B				
: 3 1 ·	IN THIS SPA	ACE .	Sto	- 101				
4 2			City	20165		FL	zig Cade 08	
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered office or	registered age	ent, or both, in the State of	L		
SIGNATURE .	Signature, typod or printed name of registered agent and	d title if applicable				DATE	<u> </u>	
u".	organica, typed dr. printed realist or register or agost to the	in American manager and white	EE IS \$50.00		3			
		Make Check Pay	able to Departn	The Control of the Co	<u>.</u>			
	AAANACING MEMBUTO	Marie Walker J. Ta	JE BY MAY 1	ika ir.				
9. TITLE	MANAGING MEMBER		TITLE			<u>. Proposition (C. 1977). Al</u> Britannia (C. 1977).	£	
NAME	SIDT & DUNNUC	_	NAME	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		***	(12/	
STREET ADDRESS CITY-ST-ZIP	230 Windbrook C+ Marco Island, FL	341.45	STREET ADDRESS CITY: ST- ZIP	garage en			9838	
TITLE			TITLE	1 1 1			RZE	
NAME STREET ADDRESS			NAME	· ·			O	
CITY-ST-ZIP			CITY-ST-7IP			* }		
TITLE NAME		.	TITLE	and a series of the	CONTRACTOR OF THE PROPERTY OF	to said of the State of	pain to limber thereof	
STREET ADDRESS			STREET ADDRESS	-	DO NOT	\A/DITE	=	
CITY-S1-ZIP		-:	CITY: ST-ZIP		DO NOT	· · · · · · ·		
TITLE NAME			TITLE NAME		IN THIS	SPACE		
STREET ADDRESS			STREE LADDRESS CITY-ST-ZIP	•	2 A		1 → +	
CITY-ST-ZIP TITLE			TITLE			3, 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
NAME	·		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE			jirte 🤌					
NAME STREET ADDRESS	· -	• .	, NAME . STREET ADDRESS *					
CITY-ST-ZIP		-+	CITY-ST-ZIP	m d n				
11. I hereby of indicated	ertify that the information supplied with th on this report is true and accurate and th	is filing does not qualify for t at my signature shall have th	he exemption state e same legal effect	d in Section 1 as if made un	19.07(3)(i), Florida Statute der oath; that I am a mar	s. I further certify th naging member or r	at the information nanager of the	

7-21-02