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Addition

2002 UNIFORM BUSINESS REPORT (UBR))	FILED			
DOCUMENT # L01000016643							Jan 11, 2002 8:00 am Secretary of State			
BROADV	WAY OF	NAPLES, LLC				:	01-11-2002 90011	016 ****50.0	0	
Principal Place	of Busines	s	Mailing Address	Mailing Address						
1236 POCANTICO LANE NAPLES FL 34110		1236 POCANTICO LANE NAPLES FL 34110				v	U N U U U			
2. Principal Place of Business		3. Mailing Address P.O. BOX 110175		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	FL	<u> </u>	4. FEI N	Jumber 2955		oplied For ot Applicable]	
Zip		Country	34108-	Cour	LIER		ficate of Status Desired	\$5.00 44	ditional	
	6. Name	and Address of Curren	t Registered Agent		ļ <u> </u>		e and Address of New Regist	ered Agent		1
				Name						
LAWSON, LINDA A					Street Addr	ress (P.O. Box N	lumber is Not Acceptable)			1
866 99TH AVE. NORTH, STE. 1 NAPLES FL 34108								· · · · · · · · · · · · · · · · · · ·		-
MAPLES PE SATIO										-
_			_		City		FL Zip Code			
8. The above i	named entit	y submits this statement f	or the purpose of changing its	register	ed office or req	gistered agent,	or both, in the State of Florida.]
SIGNATURE	th	1-10	an							
	Signature typed	or printed name of registered agen	t and title if applicable. (NOTI	E. Registere	d Agent signature re	equired when reinstati	ng) (DATE		4
					FEE IS \$50					
			Make Check Pa	•	ο Departme ay 1, 2002	ent of State	·			
9.		MANAGING MEMB		10.	., .,		ADDITIONS/CHAI	NGES		4
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NAME		MACK W		NAM	E					9
STREET ADORESS		CANTICO LANE			ET ADDRESS					ľ
CITY-ST-ZIP TITLE		FL 34110			-ST-ZIP			Change	☐ Addition	∤ <u>ã</u>
NAME	MGR PAYNE	JOHN W	☐ Delete	TITLI NAM				Change	☐ Addition	١
STREET ADDRESS		CANTICO LANE		STRE	ET ADDRESS					
_ CITY-ST-ZIP	NAPLES	FL 34110-	مريب بر بينيد	CITY	-ST-ZIP					1
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Delete

TITLE

NAME

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 jeceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: