

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90809 030 ****55.00

DOCUMENT # L02000001197

1. Entity Name
4695 ARNOLD, LLC



Principal Place of Business
**4695 ARNOLD AVENUE
NAPLES, FL 34104**

Mailing Address
**4695 ARNOLD AVENUE
NAPLES, FL 34104**

2. Principal Place of Business
1025 Fifth Avenue North
Suite, Apt. #, etc.

3. Mailing Address
1025 Fifth Avenue North
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Naples, Florida
Zip
34102 Country

City & State
Naples, Florida
Zip
34102 Country

4. FEI Number
59-3762123 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAVIELLO, MICHAEL A JR.
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102**

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. 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 registering.)

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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 authorized to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

Michael A. Baviello, Jr.

3/26/2003

239-434-6644
Daytime Phone #

CR2E083 (10/02)