

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90081 042 *****55.00

0037066

DOCUMENT # L02000007888

1. Entity Name

EMBROLI ENTERPRISE LLC



Principal Place of Business

10760 CLEAR LAKE LOOP. UNIT 330
FORT MYERS FL 33908

Mailing Address

10760 CLEAR LAKE LOOP. UNIT 330
FORT MYERS FL 33908

2. Principal Place of Business

2004 NE 6th St

3. Mailing Address

2004 NE 6th St.

Suite, Apt. #, etc.

Cape Coral FL

Suite, Apt. #, etc.

Cape Coral FL

City & State

33909 Lee

City & State

33909 Lee

Zip

Country

Zip

Country

4. FEI Number

123 66 1063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

READ, TYRA N
C/O QUARLES & BRADY LLP
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Tyra N. Read
Street Address (P.O. Box Number is Not Acceptable)
Henderson, Franklin, Sarno & Holt
1715 Monroe ST
City
Fort Myers FL Zip Code
33901

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

Tyra N. Read

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~member/manager~~
~~Erik Embroli~~
~~2004 NE 6th St.~~
~~Cape Coral, FL 33909~~

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
member/manager
Erik Embroli
2004 NE 6th St
Cape Coral, FL 33909

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

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

Erik Embroli
Erik Embroli
4/25/03 239 8490230

Date

Daytime Phone #

CR2E083 (10/02)