

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90001 013 ****50.00

DOCUMENT # L02000008091

1. Entity Name

SADIE LLC



DO NOT WRITE IN THIS SPACE

10108055

2. Principal Place of Business

1107 Lakeshore Drive

Suite, Apt. #, etc.

3. Mailing Address

1107 Lakeshore Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL 34103

City & State

Naples FL 34103

4. FEI Number

02-0608235

Applied For

Not Applicable

Zip

34103

Country

U.S.A.

Zip

34103

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Blan Taylor, Esquire

Street Address (P.O. Box Number is Not Acceptable)

2272 Airport Rd South Suite 101

City
Naples

FL

Zip Code
34112

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Thomas E King
President

1107 Lakeshore Drive
Naples FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President, Sec, Tres
Angela King

1107 Lakeshore Drive
Naples FL 34103

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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 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

Date

Daytime Phone #

CR2E083B (12/02)

Attachment

10108055

#1020000008091

THOMAS KING
1107 LAKE SHORE DR.
NAPLES, FL 34103

Request taken by: tgebora
06-11-2003

The forms you recently requested from this office are:

(1) 202. L.L.C. A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

State had wrong address, we never received forms

Thomas King