

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90023 025 ****50.00

0018369

DOCUMENT # L02000023687

1. Entity Name

ARNOLD & GENTLEMAN, L.L.C.



Principal Place of Business

**14101 RIVER ROAD
FORT MYERS FL 33905**

Mailing Address

**14101 RIVER ROAD
FORT MYERS FL 33905**

2. Principal Place of Business

4933 N. TAMIAMI TRAIL

Suite, Apt. #, etc.

#202

City & State

NAPLES, FL

3. Mailing Address

4933 N. TAMIAMI TRAIL

Suite, Apt. #, etc.

#202

City & State

NAPLES, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

13-4218680

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

**DORAGH, PETE
4415 METRO PARKWAY STE. 325
FORT MYERS FL**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P/T** ☐ Delete
NAME **KEITH ARNOLD**
STREET ADDRESS **4933 N. TAMIAMI TRAIL #202**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VP/S** ☐ Delete
NAME **THAD GENTLEMAN**
STREET ADDRESS **4933 N. TAMIAMI TRAIL #202**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X **SIGNATURE REQUIRED**

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

X July 29, 03

Date

Daytime Phone #

**239-
213-0725**

CR2E083 (4/03)