

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90256 046 ****50.00

DOCUMENT # L02000025883

1. Entity Name

SOLE DESIRE-NAPLES, L.L.C.



Principal Place of Business

**986 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**986 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

4202 Gulf Shore Boulevard, No

3. Mailing Address

4202 Gulf Shore Blvd, No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

81-0583837

Applied For.

Not Applicable

Zip
34103

Country
Collier

Zip
34103

Country
Collier

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STARK, CHARLES H
986 DOUGLAS AVE.
SUITE 100
ALTAMONTE SPRINGS FL 32714**

Name **Tami R. Lydle**

Street Address (P.O. Box Number is Not Acceptable)
4202 Gulf Shore Boulevard, North

City
Naples

FL

Zip Code
34103

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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

TITLE **MGR** ☐ Delete
NAME **LYDLE, TAMI R**
STREET ADDRESS **986 DOUGLAS AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Lydle, Tamm**
STREET ADDRESS **4202 Gulf Shore Boulevard, North**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *[Signature]*

SIGNATURE REQUIRED

1-21-03

239-430-2115

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

Date

Daytime Phone #

CR2E083 (10/02)