2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1 02000027348



FILED Feb 27, 2003 8:00 am Secretary of State

1. Entity Name					02-27-2003 90005 049 ****50.00			
IODDLA	AUREN, LLC							
Principal Pl	ace of Business	Mailine Address	<u>-</u> -					
, 730 GOODLETTE ROAD 7		730 GOODLETTE	730 GOODLETTE ROAD					
I SUITE 205			SUITE 205					
NAPLES, FL 34102			NAPLES, FL 34102		ANDEREN DE NOVE HERE DURE DURE DE LE COL	1 56)(5 (16:) 16666 (21): (
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1801-011 011 60110 11011 00111 00111 01111 01111	3 00 040 3000 (0000 1444) (1988 (BH 1881	
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number Applied For			
					56–2299758 Not Applicable			
Zip		Zip.	Country	5. Certi	ficate of Status Desired [\$5.00 Ad	lditional	
-	6. Name and Address of Curre	ent Registered Agent	<u> </u>			Fee Require	ed	
NOVATT, JEFF M ESQ				7. Name and Address of New Registered Agent Name				
				Character (DO D at				
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 5TH AVENUE SOUTH, STE. 201 NAPLES FL 34102			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod		
8. The above	e named entity submits this statemen	t for the nurnose of changing its	rogistars # -#i				ſ	
the obliga	e named entity submits this statemen ations of registered agent.	t for the purpose of changing its	registered office or r	egistered agent, o	or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE								
<u>-</u>	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature	required when reinstation	IG)	DATE		
			DW!!! FEE IS \$5					
		Make Check Payabi Due	e to Florida Depa By May 1, 2003	ertment of Stat	е		ļ	
9.		BERS/MANAGERS	10.		ADDITIONS/CHA	NGES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	BRODIE, TODD D	HTE OOF	NAME					
CITY-ST-ZIP	730 GOODLETTE ROAD, SUNAPLES, FL 34102	JITE 205	STREET ADDRESS				}	
TITLE	MGRM	☐ Delete	CITY-ST-ZIP					
NAME	MILLER, LAUREN L	□ Delete	TITLE NAME	,		☐ Change	☐ Addition	
STREET ADDRESS	730 GOODLETTE ROAD, SUI	TE 205	STREET ADDRESS					
CITY OF TIG	NAPLES, FL 34102		. CITY-ST-ZIP				1	
TITLE		☐ Delete	TITLE			Change	Addition	
name Street address			NAME				, 100/11011	
CITY-ST-ZIP			STREET ADDRESS					
TITLE			CITY-ST-ZIP					
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS				l	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		CITY-ST-ZIP	4				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			L Onlinge		
CITY OF THE			STREET ADDRESS			•		
ZITT COT ZIE			CITY-ST-7IP					

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition