

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 026 *****50.00

DOCUMENT # L02000027498

1. Entity Name
OUT OF THE CLOSET THRIFT SHOP, LLC



Principal Place of Business

**2469 KIRKWOOD AVE.
NAPLES FL 34112**

Mailing Address

**2469 KIRKWOOD AVE.
NAPLES FL 34112**

2. Principal Place of Business

170 10th ST. NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

SAME

Zip

34102

Country

U.S.A.

Zip

SAME

Country

U.S.A.

4. FEI Number

31-1486087

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAETTA, FRANK
2469 KIRKWOOD AVE.
NAPLES FL 34112**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	STEVE TURNER	
STREET ADDRESS	5909 ALMADEN DR.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	MARJORIE SUYDAM	
STREET ADDRESS	349 DOVER PLACE #101	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MIKE CARR JR.	
STREET ADDRESS	3017 HENDON CT.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MARY TAYLOR	
STREET ADDRESS	6482 BIRCHWOOD CT.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANK CAETTA	
STREET ADDRESS	5409 ALMADEN DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. TAYLOR TREASURER 1-8-2003

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

Date

Daytime Phone #

CR2E083 (10/02)