

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037723

**FILED**  
**Jul 02, 2004**  
**Secretary of State**

**Entity Name:** SUSHI THAI OF NAPLES, LLC

**Current Principal Place of Business:**

863 103RD AVE. NORTH, #10  
NAPLES, FL 34108

**New Principal Place of Business:**

869 103RD AVE. NORTH, #10  
NAPLES, FL 34108

**Current Mailing Address:**

863 103RD AVE. NORTH, #10  
NAPLES, FL 34108

**New Mailing Address:**

869 103RD AVE. NORTH, #10  
NAPLES, FL 34108

**FEI Number:** 20-0276512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOONYAVAIROJ, SATHIT  
863 103RD AVE. NORTH, #10  
NAPLES, FL 34108

**Name and Address of New Registered Agent:**

BOONYAVAIROJ, SATHIT  
869 103RD AVE. NORTH, #10  
NAPLES, FL 34108

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.

**SIGNATURE:** SATHIT BOONYAVAIROJ

07/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BOONYAVAIROJ, SATHIT  
Address: 869 103RD AVENUE NORTH #10  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Change (X) Addition  
Name: BOONYAVAIROJ, SOMANAS  
Address: 869 103RD AVENUE NORTH #10  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** SATHIT BOONVAVAIROJ

MGR

07/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date