

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037723

1. Entity Name
SUSHI THAI OF NAPLES, LLC



Principal Place of Business
**869 103RD AVE. NORTH, #10
NAPLES, FL 34108**

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



02082006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
20-0276512

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOONYAVAIROJ, SATHIT
STREET ADDRESS	869 103RD AVENUE NORTH #10
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	MGR
NAME	BOONYAVAIROJ, SOMANAS
STREET ADDRESS	869 103RD AVENUE NORTH #10
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000451642
11/10/06-80061-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #