

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-08-2005 90285 001 ***250.00

DOCUMENT # L04000007154

1. Entity Name

NAPLES CREAMERY, LLC



Principal Place of Business
2769 ISLAND POND LANE
NAPLES FL 34119

Mailing Address
P.O. BOX 111236
NAPLES FL 34108

JUN 03 2005



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

200647514

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VIGLIOTTI, ROBERT
2769 ISLAND POND LANE
NAPLES FL 34119

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGMR
VIGLIOTTI, ROBERT
2769 ISLAND POND LANE
NAPLES FL 34119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGMR
VIGLIOTTI, MICHELLE
2769 ISLAND POND LANE
NAPLES FL 34119 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

R. b. 07 01621077

215/05