

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90190 029 ****50.00

DOCUMENT # L04000030780

1. Entity Name
SPEZIO ASSOCIATES LLC



Principal Place of Business
**963 GALLEON DRIVE
NAPLES, FL 34102 US**

Mailing Address
**963 GALLEON DRIVE
NAPLES, FL 34102 US**

20007496



2. Principal Place of Business

2731 13th Street N

Suite, Apt. #, etc.

3. Mailing Address

2731 13th Street N

Suite, Apt. #, etc.

02092006 Chg-LLC CR2E083 (11/05)

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

20-1029212

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPEZIO, JOSEPH
963 GALLEON DRIVE
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Joseph Spezio

Street Address (P.O. Box Number is Not Acceptable)

2731 13th Street North

City

Naples

FL

Zip Code

34103

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)

2/9/06

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPEZIO, JOSEPH
963 GALLEON DRIVE
NAPLES, FL 34102** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2731 13th Street North
Naples, Florida 34103** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

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

2/9/06

DATE

Daytime Phone #