

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90347 007 ****50.00

DOCUMENT # L04000066723

1. Entity Name

THE BAKER'S BISTRO, LLC



Principal Place of Business

**2205 IMPERIAL GOLF COURSE BLVD.
NAPLES FL 34110**

Mailing Address

**2205 IMPERIAL GOLF COURSE BLVD.
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

EIN

4. FEI Number

20-1612087

Applied For

Not Applicable

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

**BORZOMATI, SHEILA
2205 IMPERIAL GOLF COURSE BLVD.
NAPLES FL 34110**

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

Sheila Borzomati *Sheila Borzomati*

3/9/05

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, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Partner
manager



**Ms. Sheila Borzomati
2205 Imperial Golf Course Blvd.
Naples, FL 34110-1082**

ASPCA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Partner

**MICHAEL A. BORZOMATI
2205 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110-1082**

Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Sheila Borzomati *Sheila Borzomati*

3/9/05

239.514.0760

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

Date

Daytime Phone #