


01-12-2006 90034 017 ****50.00

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|--|--|---------|--|---|---|---------------------------|--|
| DOCUMENT # L05000055650 | | | |  | | Secretary of State | |
| 1. Entity Name NIANNI LLC | | | | 01-12-2006 90034 017 ****50.00 | | | |
| Principal Place of Business 1801 COMMERCIAL DRIVE NAPLES, FL 34112 | | | | Mailing Address 231 TRADEWINDS AVENUE NAPLES, FL 34108 | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| IANDIMARINO, SALVATORE J 231 TRADEWINDS AVENUE NAPLES, FL 34108 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR IANDIMARINO, SALVATORE J 231 TRADEWINDS AVENUE NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Man Sol Sanderson</i> | | | | 1-6-05 239-451-094 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date | | Daytime Phone # | |