

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

DOCUMENT # L06000077480

1. Entity Name
OLIO RESTAURANT OF NAPLES, LLC



05-01-2007 90327 048 ****55.00
08-01-2007 90015 046 ****55.00

Principal Place of Business
~~365 FIFTH AVENUE NORTH, SUITE 201~~
NAPLES, FL 34102 ~~South~~

Mailing Address
~~365 FIFTH AVENUE NORTH, SUITE 201~~
NAPLES, FL 34102

00004000



2. Principal Place of Business - No P.O. Box #

3530 Kraft Rd

Suite, Apt. #, etc.

Suite 300

3. Mailing Address

3530 Kraft Rd,

Suite, Apt. #, etc.

300

07112007 Chg-LLC CR2E083 (12/06)

City & State

Naples FL

City & State

Naples FL

Zip

34105

Country

Zip

34105

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GFPAC SERVICES, LLC
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Manager
Thomas MacIvor
3530 Kraft Rd - Suite 300
Naples FL 34105

☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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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 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:

Thomas MacIvor

Thomas MacIvor

7/13/07

Date

Daytime Phone #

239 434-0600