

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077480

FILED
Apr 29, 2009
Secretary of State

Entity Name: OLIO RESTAURANT OF NAPLES, LLC

Current Principal Place of Business:

3530 KRAFT RD SUITE 300
NAPLES, FL 34105

New Principal Place of Business:

3530 KRAFT RD SUITE 204
NAPLES, FL 34105

Current Mailing Address:

3530 KRAFT RD SUITE 300
NAPLES, FL 34105

New Mailing Address:

3530 KRAFT RD SUITE 204
NAPLES, FL 34105

FEI Number: 26-0619591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACIVOR, THOMAS
Address: 3530 KRAFT RD. SUITE 300
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: ANTARAMIAN, JACK
Address: 3530 KRAFT RD SUTIE 300
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACIVOR, THOMAS
Address: 3530 KRAFT RD. SUITE 204
City-St-Zip: NAPLES, FL 34105

Title: MGRM (X) Change () Addition
Name: ANTARAMIAN, JACK
Address: 3530 KRAFT RD SUITE 204
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date