

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90076 030 ***138.75

DOCUMENT # L07000120363

1. Entity Name
NAPLES TRANSPORTATION & TOURS, LLC



Principal Place of Business
**2525 PONCE DE LEON BLVD., SUITE 1080
CORAL GABLES, FL 33134**

Mailing Address
**2525 PONCE DE LEON BLVD., SUITE 1080
CORAL GABLES, FL 33134**

60010921



2. Principal Place of Business - No P.O. Box #
1010 6th AVENUE SOUTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State
NAPLES, FL

City & State

4. FEI Number
26-152-3688

Applied For
Not Applicable

Zip
34102

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
SUNBELT DIVERSIFIED ENTERPRISES, LLC
STREET ADDRESS
2525 PONCE DE LEON BLVD., SUITE 1080
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
CEO ☐ Change ☒ Addition
NAME
RANDALL SMITH
STREET ADDRESS
1010 6th AVENUE SOUTH
CITY-ST-ZIP
NAPLES, FL 34102

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

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

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CITY-ST-ZIP

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

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

Date

Daytime Phone #