

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90090 043 *****50.00

DOCUMENT # L98000001580

1. Entity Name

KARAWOOD, L.C.



Principal Place of Business

**2180 IMMOKALEE ROAD
316
NAPLES FL 34110**

Mailing Address

**2180 IMMOKALEE ROAD
316
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

2430 Vanderbilt Bch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108-179

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34109

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0859566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
C/O QUARLES & BRADY
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103-3060**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **KARAKOSTA, CHRIS J**
STREET ADDRESS **2233 PINWOODS CIRCLE**
CITY-ST-ZIP **NAPLES FL 34105**

☒ Delete

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10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **Derek Woods**
STREET ADDRESS **2430 Vanderbilt Bch Rd**
CITY-ST-ZIP **#108-179**

☒ Change ☐ Addition

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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:

SIGNATURE REQUIRED

4-21-03

597-6455

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

Date

Daytime Phone #

CR2E083 (10/02)