2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # 100	000003483			· /				3767	
DOCUMENT # L9800003483 1. Entity Name HILDE'S TEA ROOM AND CATERING, L.L.C.						THLET) SECRETARY OF STATE DIVISION OF CORPORATIONS			2	
						1				
Principal Place of Business Mailing Address 336 13TH AVENUE SOUTH NAPLES FL 34102 NAPLES FL 34102-7200						00 FEB 28 PI	112: 48			
Principal Place of Business 3. Mailing Address					I	1404664 110 1010 18111 0011 0011 1		10100 (111 100)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 59-354-9885				
City & State		City & State	City & State		4. FEIN	APPLIED FOR	a Ap	plied For ot Applicable		
Zip Country		Zip	Count	ry		icate of Status Desired	S5.00 Add Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
PITKIN, JERALD R ESQ. 4947 TAMIAMI TRAIL NORTH, SUITE 202 NAPLES FL 34103				Street Address (P.O. Box Number is Not Acceptable)					-	
									1	
					FL Zip Code				-	
8. The above	named entity submits this stater	ment for the purpose of changing its i	registere	ed office or i	registered agent, o	or both, in the State of Floric	la.		1	
SIGNATURE										
	Signature, typed or printed name of registers				e required when reinstatii	ng)	DATE		-	
		FILE NO Make Check Pay		EE IS \$5 Departm		14 14 14 14				
9.	MANAGING	MEMBERS/MEMBERS	10.			ADDITIONS/C	HANGES		<u> </u> _	
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TITLE	INALESTE STIOS	☐ Delete	TITLE	+		9000	Change	Addition	ქლ	
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS	V	40000031	<u>65484-</u>	7		
CITY- 8T- ZIP	<u></u>		CITY-	\$T-ZIP		-03/19/0 ***** 59		<u> </u>	-	
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NAME			NAMI	E				<u> </u>		
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TITLE		☐ Delete	TITLE				Change	Additten		
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS ST-ZIP						
	certify that the information supplies on this report is true and accurability company or the receiver or	ed with this filing does not qualify for the and that my signature shall have the trust the empty ered to execute this re	the exer he same eport as	mption state legal effec requires b	ed in Section 119.0 t and made under Chapter 608, Flo	07(3)(i), Florida Statutes. I fu oath; that I am a managin rida Statutes.	urther certify that the ing g member or manage	nformation er of the		
SIGNAT	URE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING MANAGING N	MEMBER O	R MANAGER	7	Date	Daytime Phone #			