

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000689

1. Entity Name
DIRIGISTE DEUX LLC

Principal Place of Business

~~8729 LAPALMA LANE~~
~~NAPLES FL 34109~~

Mailing Address

~~8729 LAPALMA LANE~~
~~NAPLES FL 34109-7755~~

2. Principal Place of Business
1270 WAGGLE WAY

Suite, Apt. #, etc.

3. Mailing Address
1270 WAGGLE WAY

Suite, Apt. #, etc.

City & State
NAPLES, FL

Zip
34108

Country
USA

City & State
NAPLES, FL

Zip
34108

Country
USA

4. FEI Number
59-3552508

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DENOMME, THOMAS K
~~8729 LAPALMA LANE~~
~~NAPLES FL 34109~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1270 WAGGLE WAY
City NAPLES FL Zip Code 34108

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.

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 Department of State

900003256729--0
-05/18/00--01012--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DENOMME, THOMAS K	
STREET ADDRESS	8729 LAPALMA LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENOMME, THOMAS K	
STREET ADDRESS	1270 WAGGLE WAY	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	MEMBER - CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL A. WYSS	
STREET ADDRESS	3085 ARDOON WAY	
CITY-ST-ZIP	SILVER LAKE, OH 44224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)