

2000 UNIFORM BUSINESS REPORT (UBR)

0008697 AF

DOCUMENT # L99000001494

1. Entity Name
CASHMERE NAPLES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:19



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1209 THIRD AVENUE SOUTH
NAPLES FL 34102

Mailing Address
1209 THIRD AVENUE SOUTH
NAPLES FL 34102-7201

2. Principal Place of Business

1209 Third St So

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

59-3565608

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

FUCHS, ROBIN
1209 THIRD AVENUE SOUTH
NAPLES FL 34102

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FUCHS, JAY H 1209 THIRD AVENUE SOUTH NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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*****50.00 *****50.00

[Handwritten Signature]

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:

Jay H. Fuchs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 1/31/00 Daytime Phone # 941-434-4144

CR2E083 (9/99)