

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004133

1. Entity Name  
BRUNAL FAMILY, L.L.C.

Principal Place of Business  
21 BLUEBILL AVENUE, B505  
NAPLES FL 34110

Mailing Address  
21 BLUEBILL AVENUE, B505  
NAPLES FL 34110

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Dunes Blvd  
Suite, Apt. #, etc.  
#901

3. Mailing Address

300 Dunes Blvd  
Suite, Apt. #, etc.  
#901

City & State

Naples FL

City & State

Naples FL

Zip

34108

Country

Zip

34108

Country

4. FEI Number 59-3588389

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HENSLEY, KAREY CPA  
2800 SPANISH WELLS BLVD., SUITE 200  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name Raymond Brunal  
Street Address (P.O. Box Number is Not Acceptable)  
300 Dunes Blvd #901  
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 Raymond Brunal DATE 3/6/01

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

400004009184--1  
--04/16/01--01005--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
BRUNAL, RAYMOND  
STREET ADDRESS 21 BLUEBILL AVENUE, B505  
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

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 NAME ☒ Change ☐ Addition  
STREET ADDRESS 300 Dunes Blvd #901  
CITY-ST-ZIP Naples FL 34108

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

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

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
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 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: Raymond Brunal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/01  
Date

Daytime Phone #

CR2E083 (11/00)