

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90134 039 ****50.00

DOCUMENT # L99000004948

1. Entity Name

CASA ITALIANA, L.L.C.

Principal Place of Business

**436 ATLANTIC BLVD
 NEPTUNE BEACH FL 32266**

Mailing Address

**436 ATLANTIC BLVD
 NEPTUNE BEACH FL 32266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1791913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, NORMAN
 436 ATLANTIC BLVD.
 NEPTUNE BEACH FL 32266**

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
Due By May 1, 2002

ENTERED APR 08 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 HACKNEY, T. MORRIS
 2 OFFICE PARK CIRCLE, STE ONE
 BIRMINGHAM AL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**2000-B SOUTHBRIDGE PKWY. STE 200
 BIRMINGHAM, AL 35209** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 HACKNEY, BRENDA M
 2000-B SOUTHBRIDGE PKWY. STE. 200
 BIRMINGHAM AL 35209** ☐ Delete

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

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☐ Change ☐ Addition

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]* **SIGNATURE REQUIRED**

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

4/5/02

(904) 241-1733

Date

Daytime Phone #

CR2E083 (9/01)



Attaahmet
9824562

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 18, 2002

CASA ITALIANA, L.L.C.
436 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

SUBJECT: CASA ITALIANA, L.L.C.
Ref. Number: L99000004948

Upon receipt of your letter and/or check(s) totaling \$50.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Sr. Corporate Section Administrator

Letter Number: 702A00023162