

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006275

1. Entity Name
CAPRETTA, L.L.C.

Principal Place of Business

1401 KIMDALE STREET
LEHIGH ACRES FL 33936

Mailing Address

1401 KIMDALE STREET
LEHIGH ACRES FL 33936

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR, ESQ
4575 VIA ROYALE, SUITE 206
FT MYERS FL

7. Name and Address of New Registered Agent

Name
Fred J Anderson

Street Address (P.O. Box Number is Not Acceptable)

1401 Kimdale St

City Lehigh Acres FL Zip Code 33936

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

Fred J Anderson TEE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM CAPRETTA, LAWRENCE P 1840 E. MORTEN AVENUE #140 PHOENIX AZ 85020 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
MGRM Fred J Anderson 1401 Kimdale St Lehigh Acres FL 33936

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
800004335828--4
-05/31/01--01046--019

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

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:

Fred J Anderson TEE

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

Date

Daytime Phone #

4-30-01

FILED

2001 MAY -2 AM 10:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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