L99000006858

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
07 JAN 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006858

1. Entity Name
NApoli Associates, Lc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 665 Wiggins Lake Dr.
Suite, Apt #, etc: 102
City & State: NAples, Fl.
Zip: 34110 Country: Collier

3. Mailing Address: 5 Ashley Dr.
Suite, Apt #, etc:
City & State: Newtonville, N.Y.
Zip: 12110 Country: Albany

4. FEI Number: 65-0954343 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Capital Connection, INC.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St.
Suite 1
City: TAllAHASSEE FL Zip Code: 32301

DO NOT WRITE IN THIS SPACE

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: Leilani White Date: 1/29/07
signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM JOHN F. COMPANI 5 ASHley Dr. Newtonville, N.Y. 12110	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	300089242423 02/13/07--01049--007 **50.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

CR2E083E (12/01)

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: (JOHN F. COMPANI) 1/24/07 (518) 786-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone