

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006858

Entity Name: NAPOLI ASSOCIATES, LC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

665 WIGGINS LAKE DRIVE, #102  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

5 ASHLEY DR.  
NEWTONVILLE, NY 12110

**New Mailing Address:**

FEI Number: 65-0954343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION  
417 E. VIRGINIA ST  
SUITE 1  
TALLAHASSEE, FL 32302 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COMPANI, JOHN F  
Address: 5 ASHLEY DRIVE  
City-St-Zip: NEWTONVILLE, NY 12110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SULLIVAN, MAUREEN M  
Address: 5 ASHLEY DRIVE  
City-St-Zip: NEWTONVILLE, NY 12110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN M. SULLIVAN

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date