LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008982

1. Entity Name

Robert A. Fellin Designs, LLC

DO NOT WRITE IN THIS SPACE

930534

2. Principal Place of Business	**3.** Mailing Address
6792 Pelican Bay Blvd.	6792 Pelican Bay Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
Naples, FL	Naples, FL		Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required
34108	USA	34108	USA		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CLASP Inc.

Street Address (P.O. Box Number is Not Acceptable)
3001 Tamiami Trail North

City		Zip Code
Naples	FL	34103

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.

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	Robert A. Fellin	NAME	
STREET ADDRESS	6792 Pelican Bay Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	James H. McKay	NAME	
STREET ADDRESS	6792 Pelican Bay Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (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: _____ Robert A. Fellin, Mgr. 2/22/02 941-596-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #