2001	UNIFORM BUSI	INE22 KEPU	KI	(OBK)	_	•		**			1
DOCUMENT # 129900009280  1. Entity Name  EUGENE CRITELLI ENTERPRISES, LLC						FILED 01 SEP 27 PM 4: 48					
Principal Place 8191 N. TAMI SARASOTA F	IAMI TRAIL. SUITE 112	Mailing Address 8191 N. TAMIAMI TRAIL. SUITE 112 SARASOTA FL 34243			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal P	lace of Business	3. Mailing Address									1
Spt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI N	lumber	59-361474!	5		plied For	]
Zip Country		Zip					tatus Desired		5.00 Addi		-
	6. Name and Address of Current	Registered Agent	. · ·	<u>-</u>			ress of New Reg	Fe	e Required	1	-
	14 14 14 14 14 14 14 14 14 14 14 14 14 1	``-`` -	Name	*		ander and	<del></del>		61 LTD	1	
CRITELLI, EUGENE 6121 55TH TERRACE EAST BRADENTON FL 34203				Street Address	(P.O. Box N	lumber is l	Not Acceptable)				1
				City			•	FL	Zip Code	)	-
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or registe	ered agent.	or both, in	the State of Florio				1
	, , , , , , , , , , , , , , , , , , ,	. and perpendicular and and			·	,					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	d Agent signature requir	ed when reinstati	ing)		DATE			
		I		FEE IS \$50.00							
		Make Check Pa		o Department - mber 26, 2001	of State						
9.	MANAGING MEMBE		10.				ADDITIONS/C	HANGES			-
TITLE NAME STREET ADDRESS	MGRM CRITELLI, EUGENE 6121 55TH TERRACE EAST	☐ Delete						[	☐ Change	Addition	E083 (5/01)
TITLE NAME STREET ADDRESS	BRADENTON FL 34203	, Delete	TITL	E		`			Change	Addition	CR2
CITY-ST-ZIP TITLE NAME		. Delete	_							יוועון. 	ئىد ر
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Deiete		EET ADDRESS -ST-ZIP				Г	Change	☐ Addition	-
NAME STREET ADDRESS CITY-ST-ZIP		in belee	NAM STRE			30	101010141 1-10/02/ ****10	620 01~-01	103 0170	1	
TITLE NAME STREET ADDRESS	·	Delete	TITLI NAM STRI						_ Change	Addition	į
CITY-ST-ZIP TITLE NAME		Delete	TITL	E				[	Change	☐ Addition	
CITY-ST-ZIP  14. I hereby c	certify that the information supplied with	this filing does not qualify for	CITY	ET ADDRESS -ST-ZIP -ST-ZIP	Section 119.	07(3)(i), Flo	orida Statutes. I fu	urther certify	that the in	formation	
	on this report is true and accurate and billity company or the receiver or trustee	e empowered to execute this	report as	s required by Cha	pter 608, Flo			9 355	or manager 41 - 38		
				REFRE		•		Ошуп			1