

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90121 045 \*\*\*\*50.00

**DOCUMENT # M04000000703**

1. Entity Name  
**EVOO MARKET - NAPLES, LLC**



Principal Place of Business  
**27500 RIVERVIEW CENTER BLVD., SUITE 202  
BONITA SPRINGS, FL 33431-4314**

Mailing Address  
**27500 RIVERVIEW CENTER BLVD., SUITE 202  
BONITA SPRINGS, FL 33431-4314**

**14019456**



2. Principal Place of Business

**27599 Riverview Center Blvd**  
Suite, Apt. #, etc.  
**Suite 201**  
City & State

3. Mailing Address

**27599 Riverview Center Blvd**  
Suite, Apt. #, etc.  
**Suite 201**  
City & State

07212005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-0721421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MARTIN, ROBERT C**  
STREET ADDRESS **27500 RIVERVIEW CENTER BLVD., SUITE 202**  
CITY-ST-ZIP **BONITA SPRINGS, FL 334314314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **27599 Riverview Center Blvd, Suite 201**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:**

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

Date

Daytime Phone #

**239.335.1320**