

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000163

1. Entity Name
STREAMLINE HOLDING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -9 PM 1:20

Principal Place of Business
945 CARRICK BEND CIRCLE, #201
NAPLES FL 34410

Mailing Address
945 CARRICK BEND CIRCLE, #201
NAPLES FL 34110-3635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3461 Bonita Bay Blvd
Suite Apt. #, etc.
201

3. Mailing Address
3461 Bonita Bay Blvd
Suite Apt. #, etc.
201

City & State
Bonita Springs FL
Zip Country
34134 Lee

City & State
Bonita Springs FL
Zip Country
34134 Lee

4. FEI Number
59-3553536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Arturo Guido
Street Address (P.O. Box Number is Not Acceptable)
945 Carrick Bend Cir #201
Naples FL 34110
City 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM MGRM MGR
NAME GUIDO, ARTURO V
STREET ADDRESS 945 CARRICK BEND CIRCLE, #201
CITY-ST-ZIP NAPLES FL 34410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Naples FL 34110

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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/97)