

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90009 023 ****50.00

DOCUMENT # L99000002788

1. Entity Name

TROPICART, L.L.C.



Principal Place of Business

**65 KING STREET
ST. AUGUSTINE FL 32084**

Mailing Address

**65 KING STREET
ST. AUGUSTINE FL 32084**

2. Principal Place of Business

45 King Street

Suite, Apt. #, etc.

3. Mailing Address

200 Water Way #5

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

US

Zip

32086

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3579420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH, BLDG. 500
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **Mark A. Reinsch**

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

2700 Lake Shore Blvd.

City **Jacksonville**

FL

Zip Code

32210

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

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

Mark A. Reinsch

(NOTE: Registered Agent signature required when reinstating)

2/26/2003

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SWEENEY, WILLIAM F**
STREET ADDRESS **12445 OLD STILL ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGR** ☐ Delete
NAME **SWEENEY, LINDA**
STREET ADDRESS **12445 OLD STILL ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGR** ☐ Delete
NAME **WEEKS, WILLIAM C JR**
STREET ADDRESS **860 RED FOX TRAIL**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **MGR** ☐ Delete
NAME **A. KAREN KING-WEEKS**
STREET ADDRESS **860 RED FOX TRAIL**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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:

ASKANATRE REQUIRED

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

Date

Daytime Phone #

904-823-9697

CR2E083 (10/02)