## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000004136

Entity Name: THISBE II LLC

**Current Principal Place of Business:** 

2700 N MILITARY TR STE 210 BOCA RATON, FL 33431

**Current Mailing Address:** 

P.O. BOX 1715

BOCA RATON, FL 33429

FEI Number: 66-0941184 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VICKERS, THOMAS E 2700 N MILITARY TR STE 210 BOCA RATON, FL 33431 US

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:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 24, 2024

**Secretary of State** 

1360917581CC

Authorized Person(s) Detail:

Title MGR

WIT, CORNELIS F

2700 N MILITARY TR STE 210 Address

BOCA RATON FL 33431 City-State-Zip:

Title AP

WIT, CORNELIS F Name

Address 2700 N MILITARY TR STE 210

City-State-Zip: BOCA RATON FL 33431

**APST** Title

VICKERS, THOMAS E Name

2700 N MILITARY TR STE 210 Address

City-State-Zip: BOCA RATON FL 33431

2700 N MILITARY TR STE 210

BOCA RATON FL 33431

Title Р

Title

Name

Address

City-State-Zip:

Name WIT, CORNELIS F

**MBR** 

Address 2700 N MILITARY TR STE 210

WIT, CORNELIS F

BOCA RATON FL 33431 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E VICKERS

Electronic Signature of Signing Authorized Person(s) Detail

AP

04/24/2024 Date