

**2023 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:** Yes

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name WIT, CORNELIS F  
Address 2700 N MILITARY TR STE 210  
City-State-Zip: BOCA RATON FL 33431

Title MBR  
Name WIT, CORNELIS F  
Address 2700 N MILITARY TR STE 210  
City-State-Zip: BOCA RATON FL 33431

Title AP  
Name WIT, CORNELIS F  
Address 2700 N MILITARY TR STE 210  
City-State-Zip: BOCA RATON FL 33431

Title P  
Name WIT, CORNELIS F  
Address 2700 N MILITARY TR STE 210  
City-State-Zip: BOCA RATON FL 33431

Title APST  
Name VICKERS, THOMAS E  
Address 2700 N MILITARY TR STE 210  
City-State-Zip: BOCA RATON FL 33431

*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

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03/07/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date