

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000014594**

1. Entity Name

TREASURE COAST IMPORTS, LLC

Principal Place of Business

~~1280 NORTH CONGRESS AVENUE, SUITE 409~~
~~WEST PALM BEACH FL 33409~~

Mailing Address

~~1280 NORTH CONGRESS AVENUE, SUITE 409~~
~~WEST PALM BEACH FL 33409~~

2. Principal Place of Business

999 US 1

Suite, Apt. #, etc.

3. Mailing Address

999 US 1

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

4. FEI Number

59-3718009

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E
1280 NORTH CONGRESS AVENUE, SUITE 109
WEST PALM BEACH FL 33409

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	TANTILLO, RAYMOND J			
	730 ROUTE 112 (MEDFORD AVE)			
	PATCHOGUE NY 11772			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

RAYMOND J. TANTILLO**SIGNATURE:****SIGNATURE REQUIRED****MANAGING MEMBER**

01/15/02

(631) 289-9100

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

Date

Daytime Phone #

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90123 046 *****55.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

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