

5/12

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90595 012 \*\*\*\*50.00

**DOCUMENT # L01000000936**

1. Entity Name

**TROPIC CUTS LLC**

Principal Place of Business

9181 CORAL GABLES  
FT MYERS FL 33912

Mailing Address

9181 CORAL GABLES  
FT MYERS FL 33912

2. Principal Place of Business

**7021 CONSTITUTION**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**#4**

Suite, Apt. #, etc.

City &amp; State

**FT MYERS FL**

City &amp; State

Zip

**33912**

Country

**USA**

Zip

Country

4. FEI Number

**65-1070916**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**QUIDLEY, MARIE**  
**18472 HOLLY RD**  
**FT MYERS FL 33912**

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
	<b>MEMBERS ONLY</b>			
	<b>MARIE M QUIDLEY</b>	<b>18472 HOLLY RD</b>	<b>FT MYERS FL 33912</b>	
	<b>MEMBER</b>			
	<b>JOICE ANN MORGAN</b>	<b>9181 CORAL GABLES</b>	<b>FT MYERS FL 33912</b>	

10. ADDITIONS/CHANGES

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

CR2083 (9/01)

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:

*Marie M. Quidley*  
**Marie M. Quidley**

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

Date

**4/28/02**  
**941-267-1823**

Daytime Phone #