

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90215 030 \*\*\*\*50.00

**DOCUMENT # L01000012309**

1. Entity Name  
**TNT CAPITAL GROUP, LLC**



Principal Place of Business

**425 GERMAIN AVENUE  
NAPLES FL 34108**

Mailing Address

**425 GERMAIN AVENUE  
NAPLES FL 34108**

2. Principal Place of Business

**5150 N. Tamiami Trail**

Suite, Apt. #, etc.

**Suite 304**

City & State

**Naples FL**

Zip

**34103**

Country

**USA**

3. Mailing Address

**5150 N Tamiami Trail**

Suite, Apt. #, etc.

**Suite 304**

City & State

**Naples FL**

Zip

**34103**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3736227**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WAJNERT, THOMAS C  
425 GERMAIN AVENUE  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

**5150 N Tamiami Trail**

**Suite 304**

City

**Naples FL**

State

Zip Code

**34103**

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 **Thomas C Wajnert**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/4/03**

**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 **WAJNERT, THOMAS C**  
STREET ADDRESS **425 GERMAIN AVENUE**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5150 N Tamiami Trail, Ste 304**  
CITY-ST-ZIP **Naples FL 34103**

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

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

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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:

**SIGNATURE REQUIRED**

**1/4/03**

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

Date

Daytime Phone #

CR2E083 (10/02)