

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2002 8:00 am
Secretary of State

DOCUMENT # LO/0000/3348

01-23-2002 90083 022 ****50.00
08-07-2002 90185 023 ****50.00

1. Entity Name

TLC SPECIALTIES, LLC

972943

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3831 NE 22nd Way

Suite, Apt. #, etc.

3. Mailing Address

3821 NE 22nd Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

4. FEI Number

65-1131558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALAN L. GABRIEL, ESQ.

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

KATZ, BARRON, SOUTERO & FAUST, P.A.

100 NE 3rd Avenue, Suite 280

City

Fort Lauderdale,

FL

Zip Code

33301

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.

ALAN L. GABRIEL, ESQ.

8/2/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State.

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Managing Member

NANCY NIETO

3821 NE 22nd Way

Lighthouse Point, FL 33064

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NANCY NIETO

Date

8/2/02

Daytime Phone #

954-629-1396

CR2E083B (12/01)