

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 042 ****50.00

DOCUMENT # L02000002695

1. Entity Name

TAMACO OF FLORIDA, L.L.C.



Principal Place of Business

1436 S.W. SEAHOLLY WAY
PALM CITY FL 34990

Mailing Address

1436 S.W. SEAHOLLY WAY
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

P.O. BOX 377

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

Country

34995

Country

U.S.

4. FEI Number

02-0546753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE A. CAPLAN, P.A.
2200 CORPORATE BLVD., STE. 314
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE CJW TRUST C/O ATC, TRUSTEES LIMITED
BOLAM HOUSE, 2ND FL, GEORGE ST.
NASSAU, BAHAMAS ☐ Delete

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

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☐ Change ☐ 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 of 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

Date

Daytime Phone #

2/27/04 772-219-1700