

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

DOCUMENT # W200000677

1. Entity Name

Tarpon Shades LLC



FILED

04 SEP 29 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5223 16th ave So

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

04-3625031(EIN)

Applied For

☒ Not Applicable

Zip

33619

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brad DeTeresa

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

10424 Soaring Eagle Drive

City

Riverview

**FL**

Zip Code

33569

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

Brad DeTeresa Brad DeTeresa

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

9/26/04

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Brad DeTeresa  
10424 Soaring Eagle Drive  
Riverview FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Matt DeTeresa  
8 Wyoming  
Irvine CA 92606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**000041557010**  
**10/04/04--01016--008 \*\*50.00**

**DO NOT WRITE  
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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:

Brad DeTeresa

Brad DeTeresa

9/26/04

813 361 9629

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

Date

Daytime Phone #

CR2E083B (12/02)