

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/1

01-17-2003 90215 013 ****50.00

DOCUMENT # L02000009705

1. Entity Name

TALLTREE BRANDS 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

55007536



☒ CHECK HERE IF MAKING CHANGES

4. FEL Number

03-0434445

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAINERT, 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

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

(NOTE: Registered Agent signature required when reinstating)

1/6/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr
Thomas C Wainert
5150 N Tamiami Trail, Ste 304
Naples, FL 34103** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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☐ Change ☒ Addition

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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:

Thomas C Wainert
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/6/03
Date

234 213 9212
Daytime Phone #

CR2E083 (10/02)