

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90061 047 ****50.00

DOCUMENT # L02000017820

1. Entity Name

TROPICAL SPRAY TEXTURES, LLC



Principal Place of Business

Mailing Address

**C/O CHRISTOPHER R. VINCENT
9015 NW 72ND STREET
PARKLAND FL 33067**

**C/O CHRISTOPHER R. VINCENT
9015 NW 72ND STREET
PARKLAND FL 33067**

2. Principal Place of Business

11570 Wiles Road

Suite, Apt. #, etc.

Suite 3

City & State

Coral Springs, FL

Zip

33076

Country

USA

3. Mailing Address

11570 Wiles Road

Suite, Apt. #, etc.

Suite 3

City & State

Coral Springs, FL

Zip

33076

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0473361

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

**VINCENT, CHRISTOPHER R
9015 NW 72ND STREET
PARKLAND FL 33067**

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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **VINCENT, CHRISTOPHER R**
CITY-ST-ZIP **9015 NW 72ND STREET
PARKLAND FL 33067**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **GRIMMETT, GUY THOMAS**
CITY-ST-ZIP **9 S. VICTORIA PARK RD
FT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/03 954-341-9140

CR2E083 (10/02)