

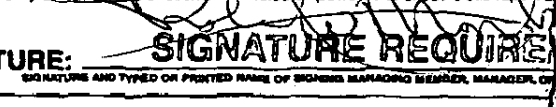
FILED
Jun 19, 2003 8:00 am
Secretary of State

05-07-2003 90043 038 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L02000019013					
1. Entity Name TAMICOLA ENTERPRISES, LLC					
Principal Place of Business C/O ROBERT W. MONK 3460 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064			Mailing Address C/O ROBERT W. MONK 3460 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 11-3656936				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AIA CORPORATE SERVICES INC. 1200 BRICKELL AVE., SUITE 900 MIAMI FL 33131			7. Name and Address of New Registered Agent Name: ROBERT W. MONK JR Street Address (P.O. Box Number is Not Acceptable) 3460 N.E. 28TH AVE. City: LIGHTHOUSE POINT FL Zip Code: 33064		
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 			DATE 5-1-03		
(NOTE: Registered agent signature required when registering)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONK, ROBERT W JR, TRS 3460 N.E. 28TH AVENUE LIGHTHOUSE POINT FL 33064 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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: 			954-782-6980 6-14-03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)