

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90086 002 *****50.00

DOCUMENT # L02000019743

1. Entity Name
DUTY FREE U.S., LLC



Principal Place of Business
**9873 BRIDGETON DRIVE
TAMPA FL 33626**

Mailing Address
**9873 BRIDGETON DRIVE
TAMPA FL 33626**

2. Principal Place of Business
5521 W. SPRUCIE
Suite, Apt. #, etc.
C-3

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33607 Country
USA

Zip Country

4. FEI Number
74-3065248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSQUEZ, RAMON
9873 BRIDGETON DRIVE
TAMPA FL 33626
5521 W. SPRUCIE, C-3
TAMPA, FL 33607

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
4/22/03

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
PRESIDENT
RAMON BOSQUEZ
9873 BRIDGETON DR.
TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)