

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 029 *****50.00

DOCUMENT # L02000020177

1. Entity Name

TANGANYIKA TRADING COMPANY, L.L.C.



Principal Place of Business

**1380 OCALA ROAD, L-4
TALLAHASSEE FL 32304**

Mailing Address

**1380 OCALA ROAD, L-4
TALLAHASSEE FL 32304**

30063921



2. Principal Place of Business

1037 ROYAL ST. GEORGE DR.

Suite, Apt. #, etc.

ORLANDO, FL

City & State

32828

USA

Zip

Country

3. Mailing Address

PO Box 780713

Suite, Apt. #, etc.

ORLANDO, FL

City & State

32878

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

43-1970588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERSMAN, ERIK A
1380 OCALA ROAD, L-4
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **HERSMAN, ERIK A.**
Street Address (P.O. Box Number is Not Acceptable)
1037 Royal St. George Dr.

City **ORLANDO**

FL

Zip Code
32828

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEM
STREET ADDRESS	ERIK HERSMAN
CITY-ST-ZIP	1037 Royal St. George Dr. Orlando, FL 32828
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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] **REQUIRED**

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

4/24/03

Date

(407) 427-0412

Daytime Phone #

CR2E083 (10/02)

0047345