

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 023 ****50.00

DOCUMENT # L02000028442

1. Entity Name

TROPICAL EASE, L.L.C.



Principal Place of Business

Mailing Address

**250 NEW YORK AVENUE
SUITE 111
DUNEDIN FL 34698
US**

**P.O. 2533
CLEARWATER FL 33757
US**

2. Principal Place of Business

369 Lewis Blvd SE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

City & State

Zip

Country

33705 Pinellas

4. FEI Number

11-3659655

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITTON, BLISS E
250 NEW YORK AVENUE
SUITE 111
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

Mifton, Bliss E

Street Address (P.O. Box Number is Not Acceptable)

369 Lewis Blvd SE

City

Saint Petersburg

FL

Zip Code

33705

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)

9/21/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MITTON, BLISS E**
STREET ADDRESS **250 NEW YORK AVENUE, SUITE 111**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Bliss E Mifton**
STREET ADDRESS **369 Lewis Blvd SE**
CITY-ST-ZIP **Saint Petersburg, FL 33705**

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

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

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

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

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]

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

9-21-03

Date

727636447

Daytime Phone #

CR2E083 (4/03)