

FILED
Jun 26, 2003 8:00 am
Secretary of State

6/4/2

06-04-2003 90001 019 ****50.00

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

DOCUMENT # L02000028883			
1. Entity Name TROPAKIDS LLC			
Principal Place of Business 18119 BIRDWATER DR. TAMPA FL 33647		Mailing Address 18119 BIRDWATER DR. TAMPA FL 33647	
2. Principal Place of Business Tropakids LLC		3. Mailing Address 18119 Birdwater Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL 33647	
Zip 33647		Zip 33647	
Country U.S.A		Country U.S.A	
4. FEE Number 03-0498482		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, MONETTE 18119 BIRDWATER DR. TAMPA FL 33647		7. Name and Address of New Registered Agent 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  monette johnson DATE April 30th 2003 Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 Monette Johnson 18119 Birdwater Drive Tampa FL 33647 Manager	☐ 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)(l), 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:  Monette Johnson DATE April 30th 2003 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

813-913-2725