

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90065 002 ****50.00

20063936



07112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1459607 Applied For Not Applicable

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

DOCUMENT # L03000005161
1. Entity Name
TAGUA-IVORY PRODUCTS, LLC



Principal Place of Business
1024 SNAPPER LANE
KEY LARGO, FL 33037

Mailing Address
1024 SNAPPER LANE
KEY LARGO, FL 33037

2. Principal Place of Business
1024 Snapper Lane
Suite, Apt. #, etc.
Key Largo
City & State
Florida
Zip
33037
Country
USA

3. Mailing Address
1024 Snapper Lane
Suite, Apt. #, etc.
Key Largo
City & State
Florida
Zip
33037
Country
USA

6. Name and Address of Current Registered Agent
STRANG, CLARICE R
1024 SNAPPER LANE
KEY LARGO, FL 33037

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 Clarice R. Strang (owner) Date July 12 / 05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD STRANG, CLARICE R 1024 SNAPPER LANE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD STRANG CLARICE R 1024 SNAPPER LANE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clarice R. Strang Date July 12 05 (305) 8524676 (305) 3935665

MISTAKE ON ADDRESS

Registered Agent has not ch