


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90123 042 ****50.00

| | |
|---|---|
| DOCUMENT # L04000010789 |  |
| 1. Entity Name THE TARPELL FAMILY LLC | |

| | |
|---|---|
| Principal Place of Business 8259 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410 US | Mailing Address 8259 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07182006 Chg-LLC CR2E083 (11/05)

| | | |
|---|--|--|
| 4. FEI Number 20-2618357 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TARPELL, ALAN 631 US HWY 1, SUITE 100 NORTH PALM BEACH, FL 33408 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TARPELL, ALAN 631 US HWY, SUITE 100 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 631 U.S. Hwy 1, Suite 100 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Division of Corporations****Annual Report****Annual Report Help****ATTACHMENT****20052509**

Document Number

L04000010789

Business Entity Name

THE TARPELL FAMILY LLC

FEI Number 202618357

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each**Principal Place of Business**

Address 631 US Hwy One
Suite, Apt. #, etc. 100
City, State North Palm Beach, FL
Zip Code & Country 33408 US

Mailing Address

Address 631 US Hwy One
Suite, Apt. #, etc. Suite 100
City, State North Palm Beach, FL
Zip Code & Country 33408 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) TARPELL, ALAN

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 631 US HWY 1, SUITE 100

Suite, Apt. #, etc.

City, State NORTH PALM BEACH, FL

Zip Code & Country 33408 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature**ATTACHMENT**

#L04000010789

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Managing Member/Manager Name and Address

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title MGR
Name (Last, First, Middle, Title) TARPELL, ALAN, ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address 631 US HWY, SUITE 100
City, State NORTH PALM BEACH, FL
Zip Code & Country 33408 US

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or MGRM

Street Address
City, State ,
Zip Code & Country

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as MGR or MGRM

ATTACHMENT
20052509
#LD4000010789

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or
MGRM

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature



The individual "signing" this document affirms that the facts stated herein are true.

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