

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 MAR -5 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000054151

1. Entity Name
TROPICAL COTTAGES L.L.C.



Principal Place of Business
243- 61ST STREET GULF
MARATHON, FL 33050

Mailing Address
4600 NORTH OCEAN BLVD
STE 206
BOYNTON BEACH, FL 33435



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

73-1712272

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLISTER, BETTE M ESQ
4600 N OCEAN BLVD STE 206
BOYNTON BEACH, FL 33435

Name
Bettee M. Collister, Esq.
Street Address (P O Box Number is Not Acceptable)
4600 N. Ocean Blvd., suite 206
City BOYNTON BEACH FL Zip Code 33435

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
COLLISTER, BETTEE
4600 N OCEAN BLVD STE 206
BOYNTON BEACH, FL 33435 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Bettee M. Collister as PR of the E/O J.E.
HATHAWAY
4600 N. Ocean Blvd, Ste 206, Boynton Beach FL 33435 ☒ Change ☐ Addition

TITLE
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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

PR Estate of JE Hathaway 3/2/07 561-276-1008

Date

Daytime Phone #