

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032677

FILED
Jun 14, 2011
Secretary of State

Entity Name: TRESURE COAST LIQUIDATORS LLC

Current Principal Place of Business:

2319 NW FEDERAL HWY.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

4793 SW LONGBAY DR.
PH
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 39-2074305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DACEY, BARBARA
4793 SW LONGBAY DR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CARUSO, AL
Address: 239 RETFORD AVE
City-St-Zip: STATEN ISLAND, NY 10312 US

Title: MGRM
Name: DACEY, BARBARA
Address: 4793 SW LONGBAY DR
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA DACEY

OWNE

06/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

L08000032677

June 14, 2011

Florida Dept. Of State

Division of Corporations

Re: Doc # L08000032677

To Whom It May Concern,

Attached you will see a copy of what I thought was a confirmation that I printed from my computer after i completed my annual report.

I was advised that you did not receive my annual report and I would have to pay a \$400.00 late fee. I then called the credit card company and found out that the payment on my charge card did not go thru. I believe this did not go thru because if you notice on the copy the WARNING in red regarding "the submit" button more than once, and I thought i had already hit the button once.

I have always been on time submitting all of my reports and correspondences. I would greatly appreciate any consideration in regards to possibly waiving the late fee.

Thank you,


Barbara Dacey

Treasure Coast Liquidators, LLC



Payment Amount: \$138.75

Please confirm your payment information

Card Information

Card Number:



Expiration Date:

1/2014

Billing Information

Billing Name: barbara dacey
 Billing Country: US
 Billing Address: 4793 sw long bay dr
 Billing City: palm city
 Billing State: FL
 Billing Zip/Postal Code: 34990
 Billing Phone Number: 7722877203
 Email Address: savana2253@aol.com

[Cancel](#) [Edit](#) [Submit Payment](#)

Please do not click on the submit button more than once to prevent duplicate charges.

