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2019 AUG 16 PM 04:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 23 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Famiglia Investments, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna M Puglisi

Name of Person

Tropical Famiglia Investments, LLC

Firm/Company

3226 Glenridge Drive

Address

Palm Harbor, FL 34685

City/State and Zip Code

TFInvests@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Puglisi at (813) 767-7658

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Tropical Famiglia Investments, LLC

2. (a) 3226 Glenridge Drive (b) 3226 Glenridge Drive

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Palm Harbor, FL 34685

Palm Harbor, FL 34685

07/02/2018

L18000160469

3. Date of filing/registration in Florida

4. Document number

5. (a) Donna M Ruth

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3226 Glenridge Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Palm Harbor, FL 34685

(b) Donna M Puglisi

Enter name of NEW Registered Agent and/or NEW Registered Office address:

(same/no change)

NEW Registered Office Address:

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donna M. Puglisi
Signature of a member or authorized representative of a member

Donna M Puglisi
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Donna M. Puglisi
Signature of Registered Agent

FILED
2018 AUG 16 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TYPE/PART
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

VIRGIN ISLANDS OF THE UNITED STATES
LICENSE AND CERTIFICATE OF MARRIAGE

LICENSE NUMBER ST-19-MG-0000178

STATE FILE NUMBER

PARTY 1

1. PARTY 1'S NAME (First, Middle, Last) RALPH PUGLISI		FORMER SURNAME (if different)		2. AGE LAST BIRTHDAY 57		SEX MALE	
3a. RESIDENCE-CITY, TOWN, OR LOCATION 2415 BENT TREE ROAD #2418 PALM HARBOR				3b. COUNTY OR ISLAND PINELLAS			
3c. STATE, ZIP FL 34685		4a. BIRTHPLACE (State or Foreign Country) NEW YORK		4b. DATE OF BIRTH (Mo., Day, Yr.) February 03, 1962		5. SSN SEC. NO. 143-48-478	
6a. FATHER'S NAME (First, Middle, Last) RALPH PUGLISI		6b. BIRTHPLACE (State or Foreign Country) NEW YORK		7a. MOTHER'S NAME (First, Middle, Former Surname if Different) ASSUNTA MELE		7b. BIRTHPLACE Foreign Country ITALY	

PARTY 2

8a. PARTY 2'S NAME (First, Middle, Last) DONNA MARIE RUTH		8b. FORMER SURNAME (if different) MCCOY		9. AGE LAST BIRTHDAY 58		SEX FEMALE	
10a. RESIDENCE-CITY, TOWN, OR LOCATION 3226 GLENRIDGE DRIVE PALM HARBOR				10b. COUNTY OR ISLAND PINELLAS			
10c. STATE, ZIP FL 34685		11 a. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		11 b. DATE OF BIRTH (Mo., Day, Yr.) February 06, 1961		12. SSN SEC. NO. 194-52-2596	
13a. FATHER'S NAME (First, Middle, Last) RONALD ELISWORTH MCCOY		13b. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		14a. MOTHER'S NAME (First, Middle, Former Surname) BEVERLY ANN POTTS		14b. BIRTHPLACE Foreign Country PENNSYLVANIA	

SIGNATURE

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

15. PARTY 1'S SIGNATURE

Ralph Puglisi

16. PARTY 2'S SIGNATURE

Donna Marie Ruth

LICENSE TO MARRY

This License Authorizes the Marriage in This Territory of the Parties Named Above by any Person Duly Authorized to Perform a Marriage Ceremony under the Laws of the United States of the Virgin Islands

Universal Life Church

17. EXPIRATION DATE (Month, Day, Year)

SEPTEMBER 21, 2019

18. SUBSCRIBED TO AND SWORN TO BEFORE ME ON: (Month, Day, Year)

JUNE 21, 2019

19. SIGNATURE OF ISSUING OFFICIAL

Henry V. Carr, III
HENRY V. CARR, III

20. TITLE OF ISSUING OFFICIAL

SUPERIOR COURT MAGISTRATE JUDGE

21. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)

6/26/2019

22a. WHERE MARRIED-CITY, TOWN, OR LOCATION

Cinnamon Beach

22b. ISLAND

St. John

CEREMONY

23a. SIGNATURE OF PERSON PERFORMING CEREMONY

Michelle Lawthorn

23b. NAME (Type/Print)

Michelle Lawthorn

23c. TITLE

Officiant

23d. ADDRESS OF PERSON PERFORMING CEREMONY (Street and Number or Rural Route Number, City or Town, State, Zip Code)

33 Estate Ardan St John VI 00830

24a. SIGNATURE OF WITNESS TO CEREMONY

Tyler Pl

24b. SIGNATURE OF WITNESS TO CEREMONY

Christina F...

LOCAL OFFICIAL

25. SIGNATURE OF COURT REGISTRATION OFFICIAL

Estrella H. George
CLERK OF THE SUPERIOR COURT

26. DATE FILED BY COURT (Month, Day, Year)

7/11/19

A CERTIFIED TRUE COPY

DATE

7-11-2019

**ESTRELLA H. GEORGE
CLERK OF THE COURT**

BY

[Signature]
COURT CLERK II