

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001278

1. Entity Name

SUN TROPIC INVESTMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:11

Principal Place of Business

784 APPLEBY STREET
BOCA RATON FL 33487

Mailing Address

784 APPLEBY STREET
BOCA RATON FL 33487-2442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794268

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

O'BRIEN, ANDREW
784 APPLEBY STREET
BOCA RATON FL 33487

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
O'BRIEN, ANDREW
784 APPLEBY STREET
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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-02/03/00--01012 Change 011 Addition

*****50.00 *****50.00

[Handwritten Signature]

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Andrew O'Brien

Manager 1-25-2000

Date

Daytime Phone #

361 989 9790