

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90103 032 ****50.00

DOCUMENT # L97000001278

1. Entity Name

SUN TROPIC INVESTMENTS, LLC



Principal Place of Business

**410 NE 3RD
UNIT #1
BOYNTON BEACH FL 33435**

Mailing Address

**410 NE 3RD
UNIT #1
BOYNTON BEACH FL 33435**

20014717



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

212 SE 6th AVE

212 SE 12th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number **65-0794268**

Applied For
Not Applicable

Zip Country
33475 Palm Beach

Zip Country
33435 Palm Beach

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

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

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

1-9-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **O'BRIEN, ANDREW**
STREET ADDRESS **784 APPLEBY STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-9-03

561-989 9790

CR2E083 (10/02)