

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002761

1. Entity Name

TYROL CHRISTL L.L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

18751 SE CROSSWIND
JUPITER FL 33478

Mailing Address

C/O MR. TIMOTHY J. MURPHY
1500 MIAMI CENTER. 201 S. BISCAYNE BLVD.
MIAMI FL 33131

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

65-0882991

Applied For

Not Applicable

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

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

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGR POSCH, GUENTER
STREET ADDRESS 18751 SE CROSSWIND
CITY - ST - ZIP JUPITER FL 33478

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE (GUENTER) POSCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Feb 20/00

Date

Daytime Phone #

CR2E083 (9/99)