

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # 199000000828

1. Entity Name

Truscello Foods, LLC
f/k/a Security Automation, LLC

00 MAY 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

777 South Flagler Drive
Suite 800W
West Palm Beach, FL 33480

Same

2. Principal Place of Business

7880 N.W. 62nd Street
Suite, Apt. #, etc.

3. Mailing Address

7880 N.W. 62nd Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0964093

Applied For

Not Applicable

Zip

Country

33166-3590 USA

Zip

33166-3590

Country

USA

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

Turchan, Thomas P., Jr.
211 Eden Road
Palm Beach, FL 33480

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
STREET ADDRESS
CITY - ST - ZIP
President/Manager
Turchan, Thomas P., Jr.
211 Eden Road
Palm Beach, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300003287833--9
-06/14/00--01008--019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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 in 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 business of the 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

Date

Daytime Phone #

4/25/00 305-592-5070