

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003352

1. Entity Name  
TROPICAL BREEZE SMOOTHIES L.L.C.

Principal Place of Business  
3235 NORTHWEST 27TH TERRACE  
BOCA RATON FL 33434

Mailing Address  
3235 NORTHWEST 27TH TERRACE  
BOCA RATON FL 33434-3443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 **MGR President** ☐ Delete  
NAME TOLLEFSON, BRIAN J  
STREET ADDRESS 3235 NORTHWEST 27TH TERRACE "MGRM"  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6000003183836--4**  
**03/24/00--01114--001**  
**\*\*\*\$55.00\*\*\*** ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED 4/3/21  
00 MAR 13 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0926387** ☐ Applied For  
**60-03-201335-001** ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

CR2E083 (9/99)