

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003352**

1. Entity Name

**TROPICAL BREEZE SMOOTHIES L.L.C.**

**FILED**

01 JAN 22 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3235 NORTHWEST 27TH TERRACE  
BOCA RATON FL 33434

Mailing Address

3235 NORTHWEST 27TH TERRACE  
BOCA RATON FL 33434

2. Principal Place of Business

~~3235 NW 27th Terrace~~ 3201 E Colonial

3. Mailing Address

543 one center Blvd

Suite, Apt. #, etc.

Orlando Fashion Square Mall

Suite, Apt. #, etc.

Orlando FL 32701

City & State

Orlando FL

City & State

Orlando FL

Zip

32708

Country

U.S.

Zip

32701

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0926387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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: MGRM  
NAME: TOLLEFSON, BRIAN J  
STREET ADDRESS: 3235 NORTHWEST 27TH TERRACE  
CITY-ST-ZIP: BOCA RATON FL 33434

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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
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CITY-ST-ZIP:

☐ Change ☐ Addition

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☐ Change ☐ Addition

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]*

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

Date

Daytime Phone #

CR2E083 (11/00)