

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90001 020 \*\*\*\*\*50.00

0027326

**DOCUMENT # L99000003352**

1. Entity Name

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

Principal Place of Business

3201 E. COLONIAL DR.  
 ORLANDO FL 32708

32803

Mailing Address

543 ONE CENTER BLVD. APT. 202  
 ORLANDO 32701

Altamonte Springs, FL

2. Principal Place of Business

3. Mailing Address

543 One Center Blvd

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US

Suite, Apt. #, etc.

Apt 202

City & State

Altamonte Springs, FL

Zip

32701

Country

US



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

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 TOLLEFSON, BRIAN J  
 543 ONE CENTER BLVD. APT. 202  
 ALTAMONTE SPRINGS FL 32701

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (c.7.1)