

2001 U FORM BUSINESS REPORT (UBR)

DOCUME

499000004588

1. Entity Name

TOUCAN ILLE, LLC

FILED

01 MAY -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4480 BONITA BEACH RD
BONITA SPRINGS FL
34134

Mailing Address

813 EAST VALLEY
BONITA SPRINGS FL
34134-7436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3595235

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

KATE K KINTZ
813 EAST VALLEY
BONITA SPRINGS FL 34134

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

200004310037-0
-05/24/01--01098--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME KINTZ, KATE K
STREET ADDRESS 813 EAST VALLEY
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE MGRM
NAME KINTZ, JAMES E
STREET ADDRESS 813 EAST VALLEY
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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)(l), 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 606, Florida Statutes.

SIGNATURE:

KATE KINTZ

Kate K Kintz

4-30-01

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

Date:

Signature: _____

CR2E083 (11/00)