

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007892

1. Entity Name

TROPICAL MARKETING ASSOCIATES, L.L.C.



FILED

03 FEB 14 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200012697432

02/18/03--01044--001 **55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

912 FAULKNER ST

3. Mailing Address

912 FAULKNER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEWSMYRNA BEACH, FL

City & State

NEWSMYRNA BEACH, FL

4. FEI Number

59-3609485

Applied For

Not Applicable

Zip

32168

Country

USA.

Zip

32168

Country

USA.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 CORALWAY, 4th Floor

City MIAMI

FL

Zip Code 33145

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SPIEGEL & UTRERA, P.A.

SIGNATURE *Natalia Utrera*
Natalia Utrera, Vice President

2/13/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE PRESIDENT
NAME ALBERT M. SHOEMAKER, III
STREET ADDRESS 912 FAULKNER ST
CITY-ST-ZIP NEWSMYRNA BEACH, FL 32168

TITLE V.P.
NAME DIANE S. SHOEMAKER
STREET ADDRESS 912 FAULKNER ST
CITY-ST-ZIP NEWSMYRNA BEACH, FL 32168

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IN THIS SPACE**

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: *Albert M. Shoemaker, III* ALBERT M. SHOEMAKER, III 2/11/03 386-428-9586

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

Date

Daytime Phone #

CR2E083B (12/02)