2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001278

1. Entity Name

TREASURE COAST VENTURE CONSULTING LLC



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90119 013 ****50.00

Principal Plac	e of Business	5	Mailing Address							
6496 N.W. 31ST WAY BOCA RATON FL 33496		6496 N.W. 31ST WAY BOCA RATON FL 334	6496 N.W. 31ST WAY BOCA RATON FL 33496							
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.							
		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
		City & State	City & State		4. FEI Number NOT APPLICABLE		LICABLE	Applied For Not Applicable		
Zip		Country	Zip	Coun	ntry	5. Certificate of	Status Desired		5.00 Ad ee Require	ditional
	6. Name	and Address of Curr	ent Registered Agent		<u></u>	7. Name and A	ddress of New I	Registered A	gent	
GOPMAN, JONATHAN E ESQ. 2255 GLADES RD., STE. 419A BOCA RATON FL 33431					Name					
					Street Addres	ss (P.O. Box Number i	Not Acceptabl	le)		
				٠	City				Zip Coc	le
					<u> </u>			FL		
	named entity ions of registe		nt for the purpose of changin	ig its register	ed office or regis	stered agent, or both,	in the State of Fl	lorida. I am fa	miliar with,	and accept
·		3								
SIGNATURE .	Signature, typed	or orinted name of registered a	ocent and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)	·····	DATE		
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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

261-513-5222

Daytime Phone #