

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054851

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**1837334782CC**

**Entity Name:** TREASURE COAST INVESTMENT COMPANY, LLC

**Current Principal Place of Business:**

4492 SW BRANCH TERRACE  
PALM CITY, FL 34990

**Current Mailing Address:**

PO BOX 990  
STUART, FL 34995 US

**FEI Number: 26-2736339**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BURGUND, JAMES EMR  
4492 SW BRANCH TERRACE  
PALM CITY, FL 34990 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED  
                  REPRESENTATIVE, AUTHORIZED  
                  MEMBER  
Name           COPPENRATH, ROLF H  
Address        4585 MERIDIAN AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title           MANAGER, AUTHORIZED  
                  REPRESENTATIVE  
Name           BURGUND, JAMES ECKARD  
Address        PO BOX 990  
City-State-Zip: STUART FL 34995

Title           AUTHORIZED MEMBER, AUTHORIZED  
                  REPRESENTATIVE  
Name           COPPENRATH, ANNE EVA-MARIA  
Address        4585 MERIDIAN AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES BURGUND**

**MANAGER**

**01/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date