

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707865

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC5094401542**

**Entity Name:** TROPICAL LETTER CARRIERS HOLDING CORP.

**Current Principal Place of Business:**

70 N.E. 39TH ST.  
MIAMI, FL 33137

**Current Mailing Address:**

70 N.E. 39TH ST.  
MIAMI, FL 33137

**FEI Number:** 59-6155070

**Certificate of Status Desired:** No

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

STONE, DAVID E.  
12555 BISCAYNE BLVD STE 222  
N MIAMI, FL 33181 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

**Officer/Director Detail :**

Title D  
Name LEHOUX, PAUL  
Address 10201 NW 24 COURT  
City-State-Zip: SUNRISE FL 33322

Title D  
Name ROSE, MATTHEW  
Address 129 ASHBY COVE LANE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PD  
Name TRAVERS, MARK  
Address 6219 NW 17TH ST  
City-State-Zip: MARGATE FL 33063

Title SD  
Name RODRIGUEZ, JAVIER  
Address 12418 N.W. 7 LANE  
City-State-Zip: MIAMI FL 33182

Title D  
Name MASSON, MARIA  
Address 2991 NW 30 STREET  
City-State-Zip: MIAMI FL 33142

Title TD  
Name PEREZ, EUGENIO  
Address 3198 SW 177 AVE  
City-State-Zip: MIRAMAR FL 33029

Title VP  
Name NUTTER, BILLIE  
Address 19616 BOB O LINK DRIVE  
City-State-Zip: HIALEAH FL 33015

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EUGENIO PEREZ**

**TREASURER**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date