

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122628

Entity Name: TROPICAL MAINTENANCE SPECIALTY, LLC

Current Principal Place of Business:

2072 45TH TERRACE SW
NAPLES, FL 34116

Current Mailing Address:

2072 45TH TERRACE SW
NAPLES, FL 34116

FEI Number: 27-1576639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELUCANTONIO, SALLIE R
2072 45TH TERRACE SW
NAPLES, FL 34116 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 MGRM
Name DELUCANTONIO, SALLIE R
Address 2072 45TH TERRACE SW
City-State-Zip: NAPLES FL 34116

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: SALLIE RAE DELUCANTONIO

OWNER

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date