

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069834

**Entity Name:** TROPICAL REMODEL SOLUTIONS, LLC

**Current Principal Place of Business:**

1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145 US

**FEI Number:** 45-2546008

**Certificate of Status Desired:** No

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

RUSSO, AUGUST L  
1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145 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 RUSSO, AUGUST LJR.  
Address 1561 BISCAYNE WAY  
City-State-Zip: MARCO ISLAND FL 34145

Title MGRM  
Name DOWD, PETER C  
Address 580 97TH AVENUE N.  
City-State-Zip: NAPLES FL 34108

*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:** AUGUST RUSSO

**MGR**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date