

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000051378

**Entity Name:** TROPICAL HOMES GROUP LLC

**Current Principal Place of Business:**

8249 N.W 36TH STREET  
SUITE #112  
DORAL, FL 33166

**Current Mailing Address:**

8249 N.W 36TH STREET  
SUITE #112  
DORAL, FL 33166

**FEI Number:** 46-2513039

**Certificate of Status Desired:** No

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

MORGANTI, ALFREDO E  
8249 N.W 36TH STREET  
SUITE #112  
DORAL, FL 33166 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 MGR  
Name MORGANTI, ITALO A  
Address 8249 N.W 36TH STREET  
City-State-Zip: DORAL FL 33166  
  
Title MANAGER  
Name MORGANTI, ALBERTO A  
Address 8249 N.W 36TH STREET  
SUITE #112  
City-State-Zip: DORAL FL 33166

Title MANAGER  
Name MORGANTI, ALFREDO E  
Address 8249 N.W 36TH STREET  
SUITE #112  
City-State-Zip: DORAL FL 33166

*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:** ALFREDO E MORGANTI

MANAGER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date