

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L00000007810

1. Entity Name
TROPICAL LUMBER AND PLYWOOD, LLC



Principal Place of Business
**4500 110TH AVE. N.
CLEARWATER, FL 33762**

Mailing Address
**34650 US HWY 19 N
SUITE 108
PALM HARBOR, FL 34684**



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, ROSE M
34650 US HWY 19 N
SUITE 108
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000781169
05/25/07-80042-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HAWTHORNE INDUSTRIAL PRODUCTS, INC.
9674 KILGORE ROAD
ORLANDO, FL 32836**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
QUALITY INVESTMENT, LLC
4500 110TH AVE. N.
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AMERICAN FIFTIES, INC.
3465 US HWY 19 N, STE. 108
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HENRI, BALESTRIERI
34650 US HWY 19 N, STE. 108
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1 May 2007