

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000009591

Entity Name: TROPICAL VENTURES LLC

FILED  
Oct 19, 2005  
Secretary of State

**Current Principal Place of Business:**

2024 COURTYARD LOOP #104  
SANFORD, FL 32771

**New Principal Place of Business:**

8189 NARROW LEAF POINT  
SANFORD, FL 32771

**Current Mailing Address:**

2024 COURTYARD LOOP #104  
SANFORD, FL 32771

**New Mailing Address:**

8189 NARROW LEAF POINT  
SANFORD, FL 32771

FEI Number: 59-3731464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHEPHARD, MCCABE AND COOLEY  
STATE ROAD 434  
LONGWOOD, FL 32750 US

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

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: JAMES SHEPHERD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUPORI, JEAN PIERRE  
Address: 2024 COURTYARD LOOP #104  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: LUPORI, SUZANNE M  
Address: 2024 COURTYARD LOOP #104  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUPORI, JEAN PIERRE  
Address: 8189 NARROW LEAF POINT  
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change ( ) Addition  
Name: LUPORI, SUZANNE M  
Address: 8189 NARROW LEAF POINT  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEAN PIERRE LUPORI

MGRM

10/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date