

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003267

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** TROPICAL MOVING AND STORAGE, L.L.C.

**Current Principal Place of Business:**

1600 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

452 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 74-3027578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANANTWERP, MARK  
452 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955 US

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

VANANTWERP, BRENDA  
452 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955 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: BRENDA VANANTWERP

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANANTWERP, MARK  
Address: 452 WENTHROP CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VANANTWERP, BRENDA D  
Address: 452 WENTHROP CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGR ( ) Change (X) Addition  
Name: VANANTWERP, MARK W  
Address: 452 WENTHROP CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRENDA VANANTWERP

MGRM

04/14/2009

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