

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027725

Entity Name: TROPICAL TREASURE, LC

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

3561- 79 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

1227 GINGER CIRCLE  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 04-3734538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEZKIEWICZ, JOSEPH JR  
1227 GINGER CIRCLE  
WESTON, FL 33326 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEZKIEWICZ, JR., JOSEPH  
Address: 1227 GINGER CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: VALDES-WEZKIEWICZ, YOLANDA M  
Address: 1227 GINGER CIRCLE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH WEZKIEWICZ

MGRM

01/17/2008

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