

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 042 ****50.00

DOCUMENT # L03000041182

1. Entity Name
TROPICAL ENTERPRISES, LLC



Principal Place of Business
**10220 SW 20TH STREET
DAVIE, FL 33324**

Mailing Address
**10220 SW 20TH STREET
DAVIE, FL 33324**

24063009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0481386

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUNES, DAVID S
3917 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

Name **Sajan Samuel**

Street Address (P.O. Box Number is Not Acceptable)
10220 SW 20th Street

City **Davie**

FL

Zip Code **33324**

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 **SAJAN SAMUEL, 10220 sw. 20th st, Davie, FL 33324.**

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAJAN STEWARD SAMUEL
10220 SW 20TH STREET
DAVIE, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAMUEL, SHEEBA
10220 SW 20TH STREET
DAVIE, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Sajan Samuel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**984
4/11/04 677-2900**