

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041182

Entity Name: TROPICAL ENTERPRISES, LLC

FILED
Jun 18, 2008
Secretary of State

Current Principal Place of Business:

11406 CANYON MAPLE DR
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

11406 CANYON MAPLE DR
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-0481386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHERIAN, SAMUEL
34949 E HIBISCUS ST
WESTON, FL 33332 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: SAMUEL, SHIRLEY
Address: 11406 CANYON MAPLE DR
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: SAMUEL, SHEEBA
Address: 11406 CANYON MAPLE DR
City-St-Zip: DAVIE, FL 33330

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: SHIRLEY SAMUEL

MGR

06/18/2008

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