

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019482

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

2805 S. HORSESHOE DR.  
UNIT # 1  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12183  
NAPLES, FL 34101

**New Mailing Address:**

P.O. BOX 8807  
NAPLES, FL 34101

**FEI Number:** 20-0857770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARVIN, MICHAEL  
2805 S. HORSESHOE DR  
UNIT # 1  
NAPLES, FL 34104 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  
**Name:** SORBARA, GEORGE  
**Address:** 2805 S. HORSESHOE DR. - UNIT # 1  
**City-St-Zip:** NAPLES, FL 34104

**Title:** MGRM  
**Name:** TARVIN, MICHAEL  
**Address:** 2805 S. HORSESHOE DR. - UNIT # 1  
**City-St-Zip:** NAPLES, FL 34104

I hereby 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:** MICHAEL TARVIN

MGRM

04/30/2011

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