

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079812

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL PROTECTION, LLC

**Current Principal Place of Business:**

16653 SW 54TH ST.  
MIAMI, FL 33185 US

**New Principal Place of Business:**

8908 NW 187TH STREET  
MIAMI, FL 33018 US

**Current Mailing Address:**

16653 SW 54TH ST.  
MIAMI, FL 33185 US

**New Mailing Address:**

8908 NW 187TH STREET  
MIAMI, FL 33018 US

**FEI Number:** 20-1831023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLIVAR, ANDRES R DIR  
8908 NW 187 STREET  
MIAMI, FL 33018 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: DIR  
Name: BOLIVAR, ANDRES R  
Address: 8908 NW 187 STREET  
City-St-Zip: MIAMI, FL 33018 US

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: ANDRES R. BOLIVAR

DIR

03/15/2011

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