


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000001967 1. Entity Name TROPICAL WOOD, LLC	
--	---

Principal Place of Business
4500 110TH AVE N
CLEARWATER, FL 33762

Mailing Address
34650 US HWY 19 N
STE 108
PALM HARBOR, FL 34684



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1216586	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

JENKINS, ROSE M
34650 US HWY 19 N
STE 108
PALM HARBOR, FL 34684

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

U00000761151
05/25/07-80042-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, MIKE 4500 110TH AVE N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMMA, CLAUDE 34650 US HWY 19 N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALESTRIERI, HENRI 34650 US HWY 19 N, STE 108 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADDICK, MIKE 9674 KILGORE RD ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #