

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000004691

1. Entity Name
TROPICAL DELIGHT, LLC



Principal Place of Business
P.O. BOX 290587
TEMPLE TERRACE, FL 33687

Mailing Address
P.O. BOX 290587
TEMPLE TERRACE, FL 33687

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2032759

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEJESUS, MIGUEL A
6210 SHERIDAN ROAD
APT. 3110
TAMPA, FL 33635

**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 _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000956797
07/31/08-80005-009 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEJESUS, MIGUEL A
P.O. BOX 290587
TEMPLE TERRACE, FL 33687

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEJESUS, GLEIRI
P.O. BOX 290587
TEMPLE TERRACE, FL 33687

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

MIGUEL DE JESUS

SIGNATURE: _____

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

0728-08 813-3682831

Date

Daytime Phone #