

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006585

Entity Name: TROPICAL PALMS, LLC

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3415 TO 3419 PALM DRIVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

627 W. WISCONSIN STREET  
PALMYRA, WI 53156

**New Mailing Address:**

FEI Number: 25-1917182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATTORNEY GARY FILEMAN  
1107 WEST MARION AVENUE, SUITE #112  
PUNTA GORDA, FL 33950 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: MGR  
Name: LESAR, JANET  
Address: 627 W. WISCONSIN STREET  
City-St-Zip: PALMYRA, WI 53156

Title: MGR  
Name: STAPLETON, RITA  
Address: W338S4666 DRUMLIN DRIVE  
City-St-Zip: DOUSMAN, WI 53118

Title: MGRM  
Name: LESAR, NICK  
Address: 627 W. WISCONSIN STREET  
City-St-Zip: PALMYRA, WI 53156

Title: MGRM  
Name: STAPLETON, MICHAEL  
Address: W338S4666 DRUMLIN DRIVE  
City-St-Zip: DOUSMAN, WI 53118

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: JANET LESAR

MRS

04/18/2010

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