

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000011015

FILED
Jul 01, 2009
Secretary of State**Entity Name:** TROPICAL CONTAINER STORAGE, LLC**Current Principal Place of Business:**9475 NW 89 AVENUE
MIAMI, FL 33178**New Principal Place of Business:****Current Mailing Address:**9475 NW 89 AVENUE
MIAMI, FL 33178**New Mailing Address:****FEI Number:** 20-2291352**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VARA, ADALBERTO
9475 NW 89 AVE
MIAMI, FL 33178 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 () Delete
Name: VARA, ALBERT
Address: 9475 NW 89 AVENUE
City-St-Zip: MIAMI, FL 33178**Title:** MGRM () Delete
Name: VARA, CARLOS
Address: 9475 NW 89 AVENUE
City-St-Zip: MIAMI, FL 33178**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: VARA, ADALBERTO
Address: 9475 NW 89 AVENUE
City-St-Zip: MIAMI, FL 33178**Title:** MGR (X) Change () Addition
Name: VARA, CARLOS A
Address: 9475 NW 89 AVENUE
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ADALBERTO VARA

MGR

07/01/2009

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