

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90051 021 ****50.00

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08162007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2465334** Applied For
NOT APPLICABLE Not Applicable

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

DOCUMENT # L05000015152

1. Entity Name
TROPICAL INVESTMENTS ASSOCIATES, LLC



Principal Place of Business Mailing Address
15525 SW 42 TERRACE 15525 SW 42 TERRACE
MIAMI, FL 33185 MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box# 3. Mailing Address
16653 S.W. 54 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL

Zip Country Zip Country
33185 FLADE

5. Name and Address of Current Registered Agent

MORENO, ITAMAR
15525 SW 42 TERRACE
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BOLIVAR, ANDRES
STREET ADDRESS 8908 NW 187 ST.
CITY-ST-ZIP MIAMI, FL 33018

TITLE MGR ☐ Delete
NAME MORENO, ITAMAR
STREET ADDRESS 15525 SW 42 TERRACE
CITY-ST-ZIP MIAMI, FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **MORENO, ITAMAR**
STREET ADDRESS **16653 S.W. 54 ST**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/16/07 (305) 225 5916
Date Daytime Phone #