

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027781

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL PALM AND NURSERY, LLC

**Current Principal Place of Business:**

4050 SHORECREST DR  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4050 SHORECREST DR  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 55-0894052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTIANSEN, PATRICK T ESQ  
420 S ORANGE AVE STE 1200  
ORLANDO, FL 32801 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:** CHRISTIANSEN, SEAN C  
**Address:** 4050 SHORECREST DR  
**City-St-Zip:** ORLANDO, FL 32804

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: SEAN CHRISTIANSEN

MGR

04/30/2012

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