2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2006
Secretary of State

DOCUMENT# L05000087155

Entity Name: TROPICAL CHEM-DRY LLC

Current Principal Place of Business:

3309 SW. CRESTVIEW RD.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1930 SW. EXETER CT.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3309 SW. CRESTVIEW RD.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

1930 SW. EXETER CT.
PORT SAINT LUCIE, FL 34953

FEI Number: 06-1757653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLAVERTY, JASON
3309 SW. CRESTVIEW RD.
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

MCLAVERTY, JASON
1930 SW. EXETER CT.
PORT SAINT LUCIE, FL 34953 US

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: JASON MCLAVERTY 07/16/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCLAVERTY, JASON
Address: 3309 SW. CRESTVIEW RD.
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCLAVERTY, JASON
Address: 1930 SW. EXETER CT.
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON MCLAVERTY MGR 07/16/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date