

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087155

Entity Name: TROPICAL CHEM-DRY LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 06-1757653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCLAVERTY, JASON  
1930 SW. EXETER CT.  
PORT SAINT LUCIE, FL 34953 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 ( ) Delete  
Name: MCLAVERTY, JASON  
Address: 1930 SW. EXETER CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MCLAVERTY, KEVIN  
Address: 1806 SW. NEWPORT ISLES BLVD.  
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

01/04/2007

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