

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000118409

1. Entity Name
TROPICAL ISLE INVESTMENTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:19

Principal Place of Business
9210 OAK PRIDE COURT
TAMPA, FL 33647

Mailing Address
9210 OAK PRIDE COURT
TAMPA, FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 49033

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33647

10082006 REIN-LLC CR2E101 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
~~433 NORTH DOVAL STREET~~ 155 Office Plz Dr.
TALLAHASSEE, FL ~~32308~~ 32301

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

Abbie P. Hodge
Signature, typed or printed name of registered agent and title if applicable

Abbie P. Hodge
(NOTE: Registered Agent signature required when reinstating)

12/20/04
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMOS, RAMON
9210 OAK PRIDE CT
TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200084741552
01/17/07--01040--008 **200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMOS, TRACY L
9210 OAK PRIDE CT
TAMPA, FL 33647 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

RAMON RAMOS

Dec. 05-2006

813-957-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #