

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119879

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL SCIENCES, LLC

**Current Principal Place of Business:**

4255 A1A SOUTH  
SUITE 11, #126  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

4255 A1A SOUTH  
SUITE 11, #26  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 43-2094757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PREWITT, JEFFREY M  
5494 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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:** MGRM  
**Name:** PREWITT, JEFFREY M  
**Address:** 5494 A1A SOUTH  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

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:** JEFFREY M. PREWITT

MR.

05/01/2011

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