

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120842

FILED
Feb 03, 2009
Secretary of State

Entity Name: TROPICAL MODULAR SERVICE, LLC

Current Principal Place of Business:

4823 TRITON COURT EAST, APT. 4
CAPE CORAL, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50236
FT. MYERS, FL 33994

New Mailing Address:

FEI Number: 20-3965073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MILCIADES A
4823 TRITON COURT EAST, APT. 4
CAPE CORAL, FL US

Name and Address of New Registered Agent:

FERNANDEZ, PAVEL L OWNE
4823 TRITON COURT EAST, APT. 4
CAPE CORAL, FL 33904 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: PAVEL L FERNANDEZ ATANAY

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEDINA, MILCIADES A
Address: 4823 TRITON COURT EAST, APT. 4
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: FERNANDEZ, PAVEL L OWNE
Address: 4823 TRITON COURT EAST, APT. 4
City-St-Zip: CAPE CORAL, FL 33904 LE

I hereby certify that the information supplied with this filing does not qualify 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: PAVEL L FERNANDEZ ATANAY

OWNE

02/03/2009

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