

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120842

**FILED**  
**Feb 13, 2010**  
**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:**

15262 CRICKET LN  
FORT MYERS, FL 33919

**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:**

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

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

FERNANDEZ, PAVEL L OWNE  
15262 CRICKET LN  
FORT MYERS, FL 33919 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: \_\_\_\_\_

02/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: FERNANDEZ, PAVEL L OWNE  
Address: 15262 CRICKET LN  
City-St-Zip: FORT MYERS, FL 33919 LE

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: PAVEL L FERNANDEZ ATANAY

OWNE

02/13/2010

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