

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000029178

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL ENVIRONMENTAL CONSULTANTS,LLC

**Current Principal Place of Business:**

3570 19TH AVE. SW  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

2360 19TH ST. SW  
NAPLES, FL 34117 US

**New Mailing Address:**

3570 19TH AVE. SW  
NAPLES, FL 34117 US

**FEI Number:** 56-2572071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEARDSLEY, GLENDA S  
2360 19TH ST. SW  
NAPLES, FL 34117 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:** BEARDSLEY, GARY L  
**Address:** 2360 19TH ST. SW  
**City-St-Zip:** NAPLES, FL 34117 US

**Title:** MGRM  
**Name:** BROOKE, HOLLANDER  
**Address:** 3570 19TH AVE. SW  
**City-St-Zip:** NAPLES, FL 34117

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:** BROOKE HOLLANDER

MGRM

01/25/2011

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