

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086389

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL HOME HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

2301 NW 7 ST STE D  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

380 N.W. 58TH COURT  
MIAMI, FL 33126

**New Mailing Address:**

2301 NW 7 ST STE D  
MIAMI, FL 33125

**FEI Number:** 20-5508419      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VIGO, DAISY  
380 N.W. 58TH COURT  
MIAMI, FL 33126      US

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

VIGO, DAISY  
5805 BLUE LAGOON DR STE 300  
MIAMI, FL 33126      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: DAISY VIGO

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** VIGO, JORGE  
**Address:** 5805 BLUE LAGOON DR STE 300  
**City-St-Zip:** MIAMI, FL 33126

**Title:** MGRM  
**Name:** VIGO, LUIS  
**Address:** 5805 BLUE LAGOON DR STE 300  
**City-St-Zip:** MIAMI, FL 33126

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: JORGE VIGO

MGRM

05/03/2010

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