

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087518

Entity Name: B SKY TROPICALS LLC

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

18751 SW 160 ST  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

12090 SW 100 STREET  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ESPINEL, PAULINO SR  
12090 SW 100 STREET  
MIAMI, FL 33186 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: MGR ( ) Delete  
Name: THE PAULINO ESPINEL, III LIVING TRU S T  
Address: 12090 SW 100 STREET  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: ESPINEL, PAULINO III  
Address: 10201 HAMMOCKS BLVD., SUITE 108  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAULINO ESPINEL

P

03/27/2009

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