

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-15-2008 90056 002 ***150.00

DOCUMENT # L07000008077			
1. Entity Name BROOKS TROPICALS, LLC			
Principal Place of Business 18400 SW 256TH STREET HOMESTEAD, FL 33031		Mailing Address 18400 SW 256TH STREET HOMESTEAD, FL 33031	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PINTER, ZOLTAN 18400 SW 256TH STREET HOMESTEAD, FL 33031 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MLM Brooks Tropicals Holding Inc. 18400 SW 256 St Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brooks, Neal P Sr. 18400 SW 256 St Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wheeling, Steven C. 18400 SW 256 St. Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bryan, Kevin 18400 SW 256 St Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pritchett, William 18400 SW 256 St. Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Kolar, Janice 18400 SW 256 St. Homestead, FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Janice Kolar</u>		Date: <u>11/8/08 (305) 274-1096</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002119



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **Payroll 74-3204606** Applied For
FEDERAL FILINGS 59-0997183 Not Applicable

ATTACHMENT

30002119

Document # L07000008077
Brooks Tropicals, LLC
18400 SW 256th Street
Homestead, FL 33031

10 Additions/Changes

Title VP
Name Rossignoli, Jose
Street Address 18400 SW 256th Street
-City - St - Zip Homestead, FL 33031

Change Addition



ATTACHMENT

3000 2119

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2008

BROOKS TROPICALS, LLC
18400 SW 256TH STREET
HOMESTEAD, FL 33031

*Please note that Brooks Tropicals, LLC
Has two separate FEI #.
Federal Filings # 59-0997183
Payroll # 74-3204606*

Subject: **BROOKS TROPICALS, LLC**

Reference Number: **L07000008077**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/KP
ANNUAL REPORTS SECTION