

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90373 047 \*\*\*143.75

**DOCUMENT # L07000026380**

1. Entity Name  
**TOTALLY TROPICAL, LLC**



Principal Place of Business  
**7681 NORTH SHORES DR  
NAVARRE, FL 32566**

Mailing Address  
**7681 NORTH SHORES DR  
NAVARRE, FL 32566**

**50005954**



01152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1299947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, TRACY  
7681 NORTH SHORES DR  
NAVARRE, FL 32566**

**DO NOT WRITE  
IN THIS SPACE**

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

*Tracy Tucker*

Signature, typed or printed name of registered agent and title if applicable

*Tracy Tucker*

(NOTE: Registered Agent signature required when reinstating)

*4-28-08*

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TUCKER, TRACY  
7681 NORTH SHORES DR  
NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Keith Tucker  
7681 NORTH SHORES DR  
NAVARRE, FL 32566**

**ADDED**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Tracy Tucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*05-26-08*

Date

*850.936.9135*

Daytime Phone #