

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032618

Entity Name: A TROPICAL TOUCH, LLC

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15510 OLD MCGREGOR BLVD  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15510 OLD MCGREGOR BLVD  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 20-8789604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABELS MASSIE, CHARLES  
15671 SAN CARLOS BLVD., SUITE 201  
FORT MYERS, FL 33908 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  
Name: DENSON, PAMELA A  
Address: 12743 BREWSTER DRIVE  
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGR  
Name: HITT, LISETTE  
Address: 11130 HARBOUR YACHT CT. #14B  
City-St-Zip: FT. MYERS, FL 33908 US

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: LISETTE HITT

MGR

04/09/2011

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