

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072773

Entity Name: TROPIK NETWORK, LLC

FILED
Aug 28, 2009
Secretary of State

Current Principal Place of Business:

1637 N.W. 79TH AVENUE
DORAL, FL 33126

New Principal Place of Business:

1520 N.W. 79TH AVENUE
DORAL, FL 33126

Current Mailing Address:

1637 N.W. 79TH AVENUE
DORAL, FL 33126

New Mailing Address:

1520 N.W. 79TH AVENUE
DORAL, FL 33126

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SAMOLE, MYRON M
9700 SOUTH DIXIE HIGHWAY, SUITE 1030
MIAMI, FL 33156 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: PD () Delete
Name: BELIARD, FRED
Address: 1637 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGR () Delete
Name: HARTE, SAMUEL
Address: 1637 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: BELIARD, FRED
Address: 1520 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGR (X) Change () Addition
Name: HARTE, SAMUEL
Address: 1520 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

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: FRED BELIARD

PD

08/28/2009

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