

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085857

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** API TROPIC, LLC

**Current Principal Place of Business:**

15841 PINES BLVD., #242  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

15841 PINES BLVD  
242  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15841 PINES BLVD., #242  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

15841 PINES BLVD  
242  
PEMBROKE PINES, FL 33027

FEI Number: 26-2203161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABANAS, STEPHANIE  
15841 PINES BLVD., #242  
PEMBROKE PINES, FL 33027 US

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

CABANAS, STEPHANIE  
15841 PINES BLVD  
242  
PEMBROKE PINES, FL 33027 US

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: STEPHANIE CABANAS

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AMERICAN PINNACLE, INC.  
Address: 15841 PINES BLVD., #242  
City-St-Zip: PEMBROKE PINES, FL 33027

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: AMERICAN PINNACLE, INC.

MGR

04/29/2010

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