

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090207

Entity Name: TIPSU, LLC

FILED  
May 03, 2010  
Secretary of State

## Current Principal Place of Business:

1037 STATE ROAD 7  
SUITE 112  
WELLINGTON, FL 33414

## New Principal Place of Business:

4906 GRASSLEAF CIRCLE  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

13000 POSITANO CIRCLE APT 104  
NAPLES, FL 34105

## New Mailing Address:

4906 GRASSLEAF CIRCLE  
PALM BEACH GARDENS, FL 33418

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:

NGUYEN, TUAN T  
13000 POSITANO CIRCLE APT 104  
NAPLES, FL 34105 US

## Name and Address of New Registered Agent:

NGUYEN, TUAN T  
4906 GRASSLEAF CIRCLE  
PALM BEACH GARDENS, FL 33418 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: TUAN NGUYEN

05/03/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: NGUYEN, THANH  
Address: 4906 GRASSLEAF CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: NGUYEN, THUY  
Address: 4906 GRASSLEAF CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: NGUYEN, TUAN  
Address: 4906 GRASSLEAF CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: NGUYEN, BETH  
Address: 4906 GRASSLEAF CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TUAN NGUYEN

MGRM

05/03/2010

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