

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100527

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL BRACE AND LIMB, LLC

**Current Principal Place of Business:**

2909 N. ORANGE AVENUE #111  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

2909 N. ORANGE AVENUE  
#111  
ORLANDO, FL 32804 US

**Current Mailing Address:**

2909 N. ORANGE AVENUE #111  
ORLANDO, FL 32804 US

**New Mailing Address:**

2909 N. ORANGE AVENUE  
#111  
ORLANDO, FL 32804 US

**FEI Number:** 26-1564165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, WALLACE M  
14074 EDEN ISLE BLVD.  
WINDERMERE, FL 34786 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: MGRM  
Name: WILSON, BELINDA D  
Address: 2909 N. ORANGE AVENUE #111  
City-St-Zip: ORLANDO, FL 32804 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: BELINDA WILSON

MGR

01/11/2010

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