

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112975

Entity Name: TROPICALIBATIONS, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

515 AVENIDA DEL NORTE  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

15 PARADISE PLAZA #239  
SARASOTA, FL 34239 US

**Current Mailing Address:**

515 AVENIDA DEL NORTE  
SARASOTA, FL 34242 US

**New Mailing Address:**

15 PARADISE PLAZA #239  
SARASOTA, FL 34239 US

FEI Number: 71-1041179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOYD, JEANNIE A  
515 AVENIDA DEL NORTE  
SARASOTA, FL 34242 US

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

BOYD, JEANNIE A  
15 PARADISE PLAZA #239  
SARASOTA, FL 34239 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: JEANNIE A BOYD

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOYD, JEANNIE A  
Address: 515 AVENIDA DEL NORTE  
City-St-Zip: SARASOTA, FL 34242 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOYD, JEANNIE A  
Address: 15 PARADISE PLAZA #239  
City-St-Zip: SARASOTA, FL 34239 US

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: JEANNIE A BOYD

MGR

04/30/2009

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