2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

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DOCUMENT # L07000125692 1. Entity Name TROPICAL TECHNOLOGIES COMPUTER WAREHOUSE, LLC								,		
Principal Place	e of Busines	<u> </u>	Mailing Address							
28566 ARICA ROAD 28566 ARICA ROAD								91	0003	n23
SUMMERLAN	D KEY, FL	33042 US	33042	US	1		3	UUUV	UNU	
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2 Principal D	tace of Busin	ness - No P.O. Box # ·	3. Mailing Address			— IIIII				11K K 11H
SAM		AROUNE			10 1109/113 1110 1110 11)	ISTA OTITE CATILE &	BOTA MAINE		
Suite, Apt. #, etc. Suite, Apt. #, etc.						02112008	Chg-LLC	CDSE	183 (12/06)	•
City & State			City & State			4. FEI Num	10001a56	42		oplied For
Zip		Country	Zip Cou		irv		.000.43			x Applicable
ZIP		Joan 14 7		"	,	5. Certificat	te of Status Desired		\$5.00 Add	
6. Name and Address of Current Registered Agent						7. Name an	nd Address of New I			
-			Name			-				
HALLY, JOHN R JR. 28568 ARICA ROAD				Street Address			ber is Not Acceptab	le)		
SUMMERLAND KEY, FL 33042					and the second of the second o					
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					City			FL	Zip Cod	8
R The shows	named entir	y submits this statement for	the purpose of changing its	ranister	ed office or rec	ristared spent or h	with in the State of S		lamiliaeés	and access
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CICNATIOS	_									
SIGNATURE .	Signature, typed	or prested name of registered agent ar	nd site il applicable (NOTE	E: Pegistere	d Agent signeture re	quired when reinscating)		DATE		·
		FEE IS \$138.75 Fee will be \$538.75				•		te check p a Departin	ayable to ent of Stat	.
9.		MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete	TITL	F			, 0,, 0, 20	☐ Change	Addition
NAME	HALLY, J	OHN R JR.		HAM	Ę					
STREET ADDRESS	28566 ARICA ROAD			STREET ADDRESS						
CITY-SI-ZP	SUMMERLAND KEY, FL 33042		- -	-ST-ZIP	<u>.</u>					
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11. I hereby	certify that th	ne information supplied with	this filing does not quality to	the exe	mptions contai	ined in Chapter 119	9, Florida Statutes. I I	urther certify	that the into	rmation
indicated limited lia	l on this repo	et is true and accurate and t	hat my signature shall have empowered to execute this	report as	e legal ellect at a required by C	s if made under oa Zhapter 608. Florida	ith; that I am a mana a Statutes.	ging membé	or or manage	r of the
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CICNAT	HDE.		//							Į
SIGNAT	BIOKATURE	AND TYPED OR PRINTED HAME OF	SIGNING MANAGING MENTER, MAI	NAGER, OF	R AUTHORIZED REP	PRESENTATIVE	Date		laytime Phone #	
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