

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038916

FILED
Apr 29, 2009
Secretary of State

Entity Name: TROPICAL LOGISTIX L.L.C.

Current Principal Place of Business:

464 CEIL CT
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

464 CEIL CT
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 26-2432497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILTBRAND, BRETT L
1819 MISTY MORN PL
LONGWOOD, FL 32779 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: PRES () Delete
Name: GUTEK, WILLIAM S JR
Address: 464 CEIL CT
City-St-Zip: NOKOMIS, FL 34275 US

Title: V.P. () Delete
Name: HILTBRAND, BRETT L
Address: 1819 MISTY MORN PL
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GUTEK, WILLIAM S III
Address: 464 CEIL CT
City-St-Zip: NOKOMIS, FL 34275 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM S GUTEK III

PRES

04/29/2009

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