

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059523

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** TROPICAL TRAVEL NETWORK, LLC

**Current Principal Place of Business:**

5521 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

9520 134TH ST NO  
SEMINOLE, FL 33776

**Current Mailing Address:**

5521 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

9520 134TH ST NO  
SEMINOLE, FL 33776

**FEI Number:** 26-2821771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMES, JULIANA  
8051 LAUREL COURT  
SEMINOLE, FL 33776 US

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

GOMES, JULIANA  
9520 134TH ST NO  
SEMINOLE, FL 33776 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: JULIANA GOMES

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOMES, JULIANA  
Address: 8051 LAUREL COURT  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOMES, JULIANA  
Address: 9520 134TH ST NO  
City-St-Zip: SEMINOLE, FL 33776

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: JULIANA GOMES

MNGR

04/21/2009

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