2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074136

Entity Name: TROPICAL BLENZ LLC

City-St-Zip:

FORT LAUDERDALE, FL 33309 US

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3885 NW 76 TERRACE SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 6805 W. COMMERCIAL BLVD TAMARAC, FL 33319 FEI Number: 26-3106434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MASON, SHEILA 3230 NW 63RD STREET FORT LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete THOMPSON-THOMAS, MARLENE A Name: Name: Address: 3885 NW 76TH TERRACE Address: City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: THOMAS, JOHN E Name: Address: 3885 NW 76TH TERRACE Address: City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MASON, SHEILA Name: Name: 3230 NW 63RD STREET Address: Address:

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.

City-St-Zip:

SIGNATURE: MARLENE A THOMPSON-THOMAS MGRM 04/30/2009