

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099268

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** TROPICS LAND CARE, LLC

**Current Principal Place of Business:**

11730 SW 104 AV  
MIAMI, FL 33176 US

**New Principal Place of Business:**

12615 SW 114 AVE  
MIAMI, FL 33176 US

**Current Mailing Address:**

11730 SW 104 AV  
MIAMI, FL 33176 US

**New Mailing Address:**

12615 SW 114 AVE  
MIAMI, FL 33176 US

**FEI Number:** 26-3578724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDERMAN, JOHN  
11730 SW 104 AV.  
MIAMI, FL 33176 US

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

ALDERMAN, JOHN  
12615 SW 114 AVE  
MIAMI, FL 33176 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:**

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROCHA, BENJAMIN  
**Address:** 15601 SW 302 ST  
**City-St-Zip:** HOMESTEAD, FL 33030 US

**Title:** MGRM  
**Name:** ALDERMAN, JOHN  
**Address:** 12615 SW 114 AE  
**City-St-Zip:** MIAMI, FL 33176 US

I hereby 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:** JOHN ALDERMAN

MGRM

01/04/2011

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