2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2010
Secretary of State

DOCUMENT# L09000001091

Entity Name: TROPICAL BENEFITS, LLC

Current Principal Place of Business:

2118 LARISSA CT.
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2118 LARISSA CT.
TRINITY, FL 34655

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECKELBARGER, KIMBERLY
2118 LARISSA CT.
TRINITY, FL 34655 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: MGR
Name: ECKELBARGER, KIMBERLY
Address: 2118 LARISSA CT.
City-St-Zip: TRINITY, FL 34655

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 Statues.

SIGNATURE: KIMBERLY ECKELBARGER MGR 02/02/2010

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