

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061697

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL FRUIT GARDEN, LLC

**Current Principal Place of Business:**

73 S. PALM AVENUE, SUITE 214  
SARASOTA, FL 34236

**New Principal Place of Business:**

4001 GROVELAND AVE.  
SARASOTA, FL 34231

**Current Mailing Address:**

73 S. PALM AVENUE, SUITE 214  
SARASOTA, FL 34236

**New Mailing Address:**

4001 GROVELAND AVE.  
SARASOTA, FL 34231

**FEI Number:** 36-4659509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARITY, GABRIELE  
73 S. PALM AVENUE, SUITE 214  
SARASOTA, FL 34236 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:** MGRM  
**Name:** ZUTHER, ASTRID B  
**Address:** 4001 GROVELAND AVE.  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** MGRM  
**Name:** ROTHLAENDER, ANDREAS J  
**Address:** 4001 GROVELAND AVE.  
**City-St-Zip:** SARASOTA, FL 34231

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:** ASTRID B. ZUTHER

MGRM

04/12/2010

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