

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000003206

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL NORTHEAST LLC

**Current Principal Place of Business:**

111 2ND AVENUE NORTHEAST  
PLAZA SUITES  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 2ND AVENUE NORTHEAST  
PLAZA SUITES  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 27-1668031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SYKES, BRIAN  
111 2ND AVENUE NORTHEAST  
ST PETERSBURG, FL 33701 US

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

TROPICAL NORTHEAST DESIGNS LLC  
111 2ND AVENUE NORTHEAST  
ST PETERSBURG, FL 33701 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: BRIAN SYKES %TROPICAL NORTHEAST DESIGNS      04/30/2012  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA  
Name: TROPICAL NORTHEAST DESIGNS LLC  
Address: 111 2ND AVENUE NORTHEAST  
City-St-Zip: ST PETERSBURG, FL 33701 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: BRIAN SYKES %TROPICAL NORTHEAST DESIGNS LL      RA      04/30/2012  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date