

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010126

Entity Name: TROPICAL DIMENSIONS, LLC

FILED
Feb 18, 2011
Secretary of State

Current Principal Place of Business:

934 NORTH UNIVERSITY DRIVE
SUITE 236
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

934 NORTH UNIVERSITY DRIVE
SUITE 236
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 27-1790879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFE, DAVID
934 NORTH UNIVERSITY DRIVE
SUITE 236
CORAL SPRINGS, FL 33071 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: WOLFE, DAVID
Address: 934 NORTH UNIVERSITY DRIVE, SUITE 236
City-St-Zip: CORAL SPRINGS, FL 33071 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: DAVID WOLFE

P

02/18/2011

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