

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028169

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL BLOSSOMS BY VALLI LLC

**Current Principal Place of Business:**

6101 34TH ST WEST  
UNIT 9C  
BRADETNON, FL 34210

**New Principal Place of Business:**

**Current Mailing Address:**

6101 34TH ST WEST  
UNIT 9C  
BRADETNON, FL 34210

**New Mailing Address:**

**FEI Number:** 51-8015315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALLIERE, JANET G  
6101 34TH ST WEST  
UNIT 9C  
BRADENTON, FL 34210 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:** VALLIERE, JAMES W  
**Address:** 6101 34TH ST WEST UNIT 9C  
**City-St-Zip:** BRADENTON, FL 34210

**Title:** MGRM  
**Name:** VALLIERE, JANET G  
**Address:** 6101 34TH ST WEST UNIT 9C  
**City-St-Zip:** BRADENTON, FL 34210

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:** JANET VALLIERE

MGRM

02/18/2011

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