

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048592

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** TROPICUTS LANDSCAPE MANAGEMENT, LLC

**Current Principal Place of Business:**

124 OSBORNE ST  
INTERLACHEN, FL 321487718 US

**New Principal Place of Business:**

**Current Mailing Address:**

124 OSBORNE ST  
INTERLACHEN, FL 321487718 US

**New Mailing Address:**

**FEI Number:** 90-0699309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AWAY WE GO MOBILE HOME TRANSPORT, LLC  
8255 W. SUNRISE BLVD.  
SUITE #173  
PLANTATION, FL 33322 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:** SMITH, BARRY A  
**Address:** 10208 NW 24TH PL, APT 107  
**City-St-Zip:** SUNRISE, FL 33322 US

**Title:** MGRM  
**Name:** SIMMONS, JOHN F JR  
**Address:** 104 RILEY ST  
**City-St-Zip:** INTERLACHEN, FL 32148 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:** BARRY SMITH

MGRM

04/29/2012

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