2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# L11000055242

Entity Name: SHADES OF THE TROPICS, LLC

Current Principal Place of Business:

16520 ARBOR RIDGE DR.
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16520 ARBOR RIDGE DR.
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLGREN, DALE R
16520 ARBOR RIDGE DR.
FORT MYERS, FL 33908 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: MGR
Name: HALLGREN, DALE R
Address: 16520 ARBOR RIDGE DR.
City-St-Zip: FORT MYERS, FL 33908 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 Statues.

SIGNATURE: DALE HALLGREN MGR 04/28/2012

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