# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT# L11000068298

**Entity Name:** TROPICAL NORTHEAST DESIGNS LLC

**Current Principal Place of Business:**

111 2ND AVE NE PLAZA SUITES
%TROPICAL NORTHEAST LLC
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 2ND AVE NE PLAZA SUITES
%TROPICAL NORTHEAST LLC
ST PETERSBURG, FL 33701 US

**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:**

TROPICAL NORTHEAST LLC
111 2ND AVE NE PLAZA SUITES
%TROPICAL NORTHEAST LLC
ST PETERSBURG, FL 33701 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: TROPICAL NORTHEAST LLC
Address: 111 2ND AVE NE PLAZA SUITES
City-St-Zip: %TROPICAL NORTHEAST LLC, FL 33701

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: BRIAN SYKES %TROPICAL NORTHEAST LLC MBR 04/30/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date