

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091399

**Entity Name:** TROPICAL MED SPA, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2037 E. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

1642 PINE RIDGE DRIVE  
DAVENPORT, FL 33896 US

**New Mailing Address:**

2037 E. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34744 US

**FEI Number:** 45-2969663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEMPHILL, JAMES C  
1138 NEW YORK AVE.  
ST. CLOUD, FL 34769 US

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

HANSON, NGUYEN  
2037 E IRLO BRONSON MEMORIAL HWY  
SAINT CLOUD, FL 34744 US

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: HANSON NGUYEN

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NGUYEN, HANSON V  
Address: 3156 FOREST BREEZE WAY  
City-St-Zip: SAINT CLOUD, FL 34771 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: HANSON NGUYEN

MGR

04/23/2012

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