

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002788

FILED
Mar 12, 2010
Secretary of State

Entity Name: TROPICART, L.L.C.

Current Principal Place of Business:

65 KING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

200 WALER WAY
UNIT 4
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3579420 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REINSCH, MARK
2700 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210 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: SWEENEY, WILLIAM F
Address: 63 MEADOWBROOK DRIVE
City-St-Zip: HAYESVILLE, NC 28904

Title: MGR
Name: SWEENEY, LINDA
Address: 63 MEADOWBROOK DRIVE
City-St-Zip: HAYESVILLE, NC 28904

Title: MGR
Name: WEEKS, WILLIAM C JR
Address: 860 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR
Name: A. KAREN KING-WEEKS
Address: 860 RED FOX TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

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: A. KAREN KING-WEEKS

MGR

03/12/2010

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