

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 11, 2008 08:00 A  
Secretary of State

**L&P**  
LOPEZ &  
PARTNERS, LLC  
Accountants/Business Consultants



01182008 No Chg-LLC CR2E083 (12/07)

DOCUMENT # L04000069533	
1. Entity Name TROPICAL INVESTMENT SERVICE LLC.	
Principal Place of Business 1691 NW 23 STREET MIAMI, FL 33142	Mailing Address 1691 NW 23 STREET MIAMI, FL 33142



**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2152781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  LESTEIRO, RIGOBERTO 1419 SW 103 AVE MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LESTEIRO, ILIANA 1419 SW 103 AVENUE MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**

U00000824134  
02/20/08-90069-001 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Iliana Lesteiro* - Iliana Lesteiro 2/11/08 305-634-0346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #