L04000012228

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer: $+25.0$		
·		

Office Use Only



600235797786

06/04/12--01055--025 **120.00

TALL AN 8: 42

EXAMINER

JUN 7 2012

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: TROPICAL INVESTMENT	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
DONALD GUGEL	
Name of Person	
	2812 JUN -4 SECRETARY ALLAHASSE
	ARE JU
Firm/Company	TAR ASS
P.O. Box 976	MAY #
	AH 8: 42 OF STATE E. FLORIDA
Address	ORI ORI
Auburndale, FL 33823	DA +2
City/State and Zip Code	· ·
City/state and 2:1p Code	
janguge1@yahoo.com	
E-mail address: (to be used for future annual report not	lification)
For further information concerning this matter	r, please call:
Donald Gugel	at (863) 551-1707
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Registration Section	
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:TROPICAL	INVESTMENTS LLC	
2. (a) Principal office address of limited liability company	214 Orange Street, Suite 8	
(Note: MUST BE STREET ADDRESS)	Auburndale, FL 33823	
(b) Mailing address of limited liability company:	P.O. Box 976	
(Note: MAY BE POST OFFICE BOX)	Auburndale, FL 33823	
02/16/2004	L04000012228	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Victor Troiano, Esquire	
Registered Office Address:	317 S. Tennessee Avenue Lakeland, FL 33801	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	Donald Gugel	
NEW Registered Office Address:	214 Orange Street, Suite 8	
(MUST BE FLORIDA STREET ADDRESS)	Auburndale, ,FL 33823	
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Donald Gugel Printed or typed name of signee	SSER TO THE SERVICE OF THE SERVICE O	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of the duties, sition as registered agent of provided for in rely reflect a change in the registered office what been notified in whiting of this change.	
Signature of Registered Agent Donald Gugel		
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

FILING FEE: \$25.00