

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063590

Entity Name: TROPICAL PARTNERS, LLC

Current Principal Place of Business:

629 HILLS BLVD
PORT ORANGE, FL 32127

Current Mailing Address:

PO BOX 238270
PORT ORANGE, FL 32123

FEI Number: 20-2008152

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCARTHY, RICHARD
629 HILLS BLVD
PORT ORANGE, FL 32127 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THE MCCARTHY FAMILY, LLP
Address % RICHARD MCCARTHY, POB 238270
City-State-Zip: PORT ORANGE FL 32123

Title MGR
Name OSBORN, DAVID
Address 18383 PRESTON RD SUITE 150
City-State-Zip: DALLAS TX 75252

Title MGR
Name RHK ENTERPRISES INC
Address % ROBERT KILINSKI, POB 5212
City-State-Zip: NAVARRE FL 32566

Title MGR
Name PROFESSIONAL DEVELOPMENT SYSTEMS INC
Address % KAY EVANS, 31 IVY CHASE
City-State-Zip: ATLANTA GA 30342

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAULA HOEFT

OPERATIONS MANAGER 03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date