

**2015 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:** SUZANNE BORWICK

ADMIN ASSISTANT

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date