

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000016278

**Entity Name:** TROPICAL MOULDINGS, LLC.

**Current Principal Place of Business:**

6911 NW 87TH AVE  
MIAMI, FL 33178

**Current Mailing Address:**

6911 NW 87TH AVE  
MIAMI, FL 33178 US

**FEI Number:** 20-4313850

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, ROXANA J  
1226 IRIS CT  
WESTON, FL 33326 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:** ROXANA VARGAS

04/15/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title D  
Name JARAMA, SONIA CMRS.  
Address 6911 NW 87TH AVE  
City-State-Zip: MIAMI FL 33178

Title D  
Name FACHIN PINEDO, CARLOS ASR  
Address 6911 NW 87TH AVE  
City-State-Zip: MIAMI FL 33178

Title CONTROLLER  
Name VARGAS, ROXANA J  
Address 6911 NW 87TH AVE  
City-State-Zip: MIAMI FL 33178

*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:** ROXANA VARGAS

CONTROLLER

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date