

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069834

**Entity Name:** TROPICAL REMODEL SOLUTIONS, LLC

**Current Principal Place of Business:**

1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145 US

**FEI Number: 45-2546008**

**Certificate of Status Desired: No**

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

RUSSO, AUGUST L  
1561 BISCAYNE WAY  
MARCO ISLAND, FL 34145 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	MGRM	Title	MGRM
Name	RUSSO, AUGUST LJR.	Name	DOWD, PETER C
Address	1561 BISCAYNE WAY	Address	580 97TH AVENUE N.
City-State-Zip:	MARCO ISLAND FL 34145	City-State-Zip:	NAPLES FL 34108

*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: AUGUST RUSSO**

**MGR**

**05/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date