

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032487

**Entity Name:** TROPICAL SPACE, LLC

**Current Principal Place of Business:**

4280 WINDOVER WAY  
MELBOURNE, FL 32934

**Current Mailing Address:**

4280 WINDOVER WAY  
MELBOURNE, FL 32934

**FEI Number:** 38-3667909

**Certificate of Status Desired:** No

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

KARLIN, ERIC PAUL  
4280 WINDOVER WAY  
MELBOURNE, FL 32934 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:** ERIC PAUL KARLIN

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED MEMBER  
Name           KARLIN, ERIC PAUL  
Address        4280 WINDOVER WAY  
City-State-Zip: MELBOURNE FL 32934

Title           MANAGER, AUTHORIZED MEMBER  
Name           KARLIN, ANDREA CHERYL  
Address        4280 WINDOVER WAY  
City-State-Zip: MELBOURNE FL 32934

Title           MANAGER, AUTHORIZED MEMBER  
Name           KARLIN, GREGORY  
Address        2121 3RD STREET  
                  UNIT 111  
City-State-Zip: SAN FRANCISCO CA 94107

Title           MANAGER, AUTHORIZED MEMBER  
Name           PITERSKI, RYAN  
Address        2200 KINGSBROOK DRIVE  
City-State-Zip: RICHMOND VA 23238

*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:** ERIC KARLIN

MANAGER/AUTHORIZED  
MEMBER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date