

**2015 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:**

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE, FL 32901 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  
Name KARLIN, ERIC P  
Address 4280 WINDOVER WAY  
City-State-Zip: MELBOURNE FL 32934

Title MGRM  
Name CHEWNING, THOMAS O  
Address 5367 SOLWAY DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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 P KARLIN**

**MGRM**

**03/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date