

2016 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 | Title | MGRM |
| Name | KARLIN, ERIC P | Name | CHEWNING, THOMAS O |
| Address | 4280 WINDOVER WAY | Address | 5367 SOLWAY DRIVE |
| City-State-Zip: | MELBOURNE FL 32934 | 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

03/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date