

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023559

Entity Name: MASSEY TROPICAL PROPERTIES, LLC

Current Principal Place of Business:

9900 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Current Mailing Address:

9900 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

FEI Number: 65-1199722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASSEY, WAYNE
9900 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 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 HAMILTON, WAYNE MASSEY
Address 19400 RANCH CLUB BOULEVARD
City-State-Zip: GROVELAND FL 34736

Title MGRS
Name WALSH, LINDA ,
Address 14648 PINE LAKE ST
City-State-Zip: CLERMONT FL 34711

Title MGRM
Name MASSEY, JANIS R
Address 19400 RANCH CLUB BLVD
City-State-Zip: GROVELAND FL 34736

Title AUTHORIZED MEMBER
Name TROPICAL FORD INC.
Address 9900 SOUTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32837

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: LINDA WALSH

MGRS

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date