

**2022 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:** Yes**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	MGRM
Name	MASSEY, JANIS R
Address	19400 RANCH CLUB BLVD
City-State-Zip:	GROVELAND FL 34736

Title	MGRS
Name	LANGENDERFER, MARIA ISABEL
Address	1318 JUNIPER HAMMOCK STREET
City-State-Zip:	WINTER GARDEN FL 34787

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:** MARIA ISABEL LANGENDERFER**CFO/SEC/TREAS****02/23/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date