

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039869

**Entity Name:** FLORIDA TROPICAL FUELS, LLC

**Current Principal Place of Business:**

4975 WEST CHESTER PIKE, SUITE 200  
P. O. BOX 126  
EDGEMONT, PA 19026

**Current Mailing Address:**

4975 WEST CHESTER PIKE, SUITE 200  
P. O. BOX 126  
EDGEMONT, PA 19026 US

**FEI Number:** 20-8843832

**Certificate of Status Desired:** No

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

GALLOWAY, JOHN  
10820 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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 MGR  
Name GALLOWAY, JOHN R  
Address 10820 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR  
Name JOHNSON, ERIK  
Address 4975 WEST CHESTER PIKE  
PO BOX 126 SUITE 200  
City-State-Zip: EDGEMONT PA 19028

*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:** JOHN R GALLOWAY

**MGR**

**02/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date