

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000121253

Entity Name: TROPICAL-ATM.LLC**Current Principal Place of Business:**6073 NW 167 STREET
UNIT C 5
MIAMI, FL 33015**Current Mailing Address:**11219 NW 3RD TERRACE
MIAMI, FL 33172**FEI Number:** 47-1492932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEEKS, RAYMOND
11219 NW 3RD TERRACE
MIAMI, FL 33172 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	Title	AUTHORIZED MEMBER
Name	WEEKS, RAYMOND	Name	RAYMOND P WEEKS JR
Address	11219 NW 3RD TERRACE	Address	2021 17TH ST SW
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	NAPLES FL 34117
Title	AUTHORIZED MEMBER		
Name	ERIKA M DUCHIEN		
Address	2402 OKALANI ST		
City-State-Zip:	PALM SHORES FL 32940		

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: RAYMOND P WEEKS

MANAGER

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date