

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159035

**Entity Name:** 207 TROPIC ISLE DR 108 LLC

**Current Principal Place of Business:**

207 TROPIC ISLE DR  
108  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O V & S PROPERTIES  
PO BOX 5569  
BAY SHORE, NY 11706

**FEI Number:** 47-2133574

**Certificate of Status Desired:** No

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

GALADA, MELISSA D  
170 MOHIGAN CIRCLE  
BOCA RATON, FL 33487 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	AMBR	Title	AMBR
Name	SAMPINO, ANTHONY F	Name	VULLO, JOHN J
Address	55 WEST LANE	Address	35 GARNER LANE
City-State-Zip:	BAY SHORE NY 11706	City-State-Zip:	BAY SHORE NY 11706

*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:** ANTHONY F. SAMPINO

AMBR

01/23/2019

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

\_\_\_\_\_  
Date