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.

PRESIDENT

SIGNATURE: EVELYN GAVILONDO

Electronic Signature of Signing Authorized Person(s) Detail

5787 SW 88 CT MIAMI, FL 33173

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L15000001359

5787 SW 88 CT MIAMI, FL 33173 US

FEI Number: 47-2657582

Name and Address of Current Registered Agent:

ALEJO, EVELYN 5787 SW 88 CT MIAMI, FL 33173 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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	GAVILONDO, EVELYN ALEJO	Name	GAVILONDO, GERARDO
Address	5787 SW 88 CT	Address	5787 SW 88 CT
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

2019 FLORIDA LIMITED LIABILITY COMPANY ANNU	AL REPORT

Entity Name: TROPICAL ARCHITECTURE OFFICE, LLC

FILED Feb 07, 2019 Secretary of State 4406270668CC

Certificate of Status Desired: No

Date

02/07/2019 Date