

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000032386

Entity Name: TROPICAL HIDEAWAY, LLC

Current Principal Place of Business:

5900 RIVERSIDE DR
MELBOURNE BEACH, FL 32951

Current Mailing Address:

5900 RIVERSIDE DR
MELBOURNE BEACH, FL 32951

FEI Number: 82-4479944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JULIE GLOCKER PIERCE, LLC
311 6TH AVE.
INDIALANTIC, FL 32903 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
Name PIERCE, TERENCE M
Address 5900 RIVERSIDE DR
City-State-Zip: MELBOURNE BEACH FL 32951

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: TERENCE PIERCE

MEMBER

06/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date