

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000113755

Entity Name: 411 TROPIC LLC

Current Principal Place of Business:

28901 SANDY LANE
TAVARES FL 32778

Current Mailing Address:

28901 SANDY LANE
TAVARES FL 32778 US

FEI Number: 82-5512706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANFELIPPO, JOHN D
28901 SANDY LANE
TAVARES FL 32778 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	MGR
Name	SANFELIPPO, JOHN D	Name	SANFELIPPO, AMY M
Address	28901 SANDY LANE	Address	28901 SANDY LANE
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778

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 D SANFELIPPO

MRG

03/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date