

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000226915

**Entity Name:** TROPICAL BUSINESS COACHING, LLC

**Current Principal Place of Business:**

716 WEST CARVER STREET  
LAKELAND, FL 33805

**Current Mailing Address:**

716 WEST CARVER STREET  
LAKELAND, FL 33805 US

**FEI Number:** 84-3371237

**Certificate of Status Desired:** No

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

DURON, VALARIE  
716 WEST CARVER STREET  
LAKELAND, FL 33805 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            OWNER  
Name            DURON, VALARIE  
Address        716 W CARVER ST  
City-State-Zip: LAKELAND FL 33805

*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:** VALARIE DURON

OWNER

04/16/2021

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

\_\_\_\_\_  
Date