

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000161340

**Entity Name:** TROPICAL HOSPITALITY SERVICES LLC

**Current Principal Place of Business:**

11045 LOST LAKE DR  
210  
NAPLES, FL 34105

**Current Mailing Address:**

11045 LOST LAKE DR  
210  
NAPLES, FL 34105 US

**FEI Number:** 86-1564519

**Certificate of Status Desired:** Yes

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

JOHNSON, MATTHEW  
11045 LOST LAKE DR  
210  
NAPLES, FL 34105 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:** MATTHEW JOHNSON

11/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PARTNER  
Name JOHNSON PARRA, LEONELA  
PARTNER  
Address 11045 LOST LAKE DR.  
210  
City-State-Zip: NAPLES FL 34105

*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:** LEONELA JOHNSON PARRA

PARTNER

11/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date