

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000161340

Entity Name: TROPICAL HOSPITALITY SERVICES LLC

Current Principal Place of Business:

2264 OUTRIGGER LN
NAPLES, FL 34104

Current Mailing Address:

11045 LOST LAKE DR
NAPLES, FL 34105 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

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

06/06/2025

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 PARTNER JOHNSONPARRA

PART

06/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date