# 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.

MGRM

SIGNATURE: MORRIS, EDWARD A

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L99000000968

Entity Name: TROPICAL PROPERTIES, LLC

#### Current Principal Place of Business:

1616 ATLANTIC BLVD. UNIT # 11 KEY WEST, FL 33040

## **Current Mailing Address:**

1616 ATLANTIC BLVD. UNIT # 11 KEY WEST, FL 33040

## FEI Number: 65-0895555

## Name and Address of Current Registered Agent:

BAUER, CHARLES 1723 JAMAICA DRIVE KEY WEST, FL 33040 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BAUER, CHARLES	Name	MORRIS, EDWARD A
Address	1723 JAMAICA DRIVE	Address	1616 ATLANTIC BLVD., UNIT # 11
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

FILED Jan 17, 2020 Secretary of State 6464308353CC

Date

Certificate of Status Desired: No

01/17/2020