PORTER, BRUCE C 5408 SW 16TH PLACE CAPE CORAL, FL 33914 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:	BRUCE PORTER			02/11/2019	
		Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :						
	Title	MGR	Title	MGR		
	Name	PORTER, BRUCE	Name	PORTER, PAMELA		
	Address	8625 EAST HORTON ROAD	Address	8625 EAST HORTON ROAD		
	City-State-Zip:	BLISSFIELD MI 49228	City-State-Zip:	BLISSFIELD MI 49228		

BLISSFIELD, MI 49228

8625 EAST HORTON ROAD

Current Mailing Address:

8625 EAST HORTON ROAD BLISSFIELD, MI 49228

FEI Number: 45-3943543

Name and Address of Current Registered Agent:

PORT 5408 CAPE

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

indep sense manual instruction manager of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense and recurs and the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute this report as regulared sense to the sense of the limited liability company or the receiver or trustee empowerd to execute the sense to the sense that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE PORTER

MANAGER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M1100006068

Entity Name: TROPICAL HURRICANE, LLC

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

FILED Feb 11, 2019 Secretary of State 4273257787CC

Certificate of Status Desired: Yes