

LO9000058898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

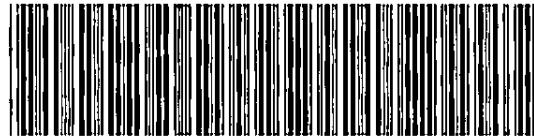
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2019

FARHANG NAJMI  
290 MCGUINNESS BLVD  
BROOKLYN, NY 11222

SUBJECT: TROPIC SUN PROPERTIES, LLC  
Ref. Number: L09000058898

We have received your document for TROPIC SUN PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00012859

RECEIVED  
JUL 08 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tropic Sun Properties, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Farhang Najmi

\_\_\_\_\_  
Name of Person

Tropic Sun Properties, LLC

\_\_\_\_\_  
Firm/Company

290 McGuinness Blvd

\_\_\_\_\_  
Address

Brooklyn, NY 11222

\_\_\_\_\_  
City/State and Zip Code

tropicsun.real@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Farhang Najmi

\_\_\_\_\_  
Name of Person

917

at (\_\_\_\_\_) \_\_\_\_\_

681-4770

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Tropic Sun Properties, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

290 McGuinness Blvd

Brooklyn, NY 11222

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

290 McGuinness Blvd

Brooklyn, NY 11222

06/17/2009

L09000058898

3. Date of filing/registration in Florida

4. Document number

5. (a) **RESIGNED**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

\_\_\_\_\_, FL \_\_\_\_\_

(b) Wright Law Firm, P.A.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Christine F. Wright, Esq.

**NEW Registered Office Address:**

923 Del Prado Blvd. South, Suite 106

Cape Coral, FL 33990

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Farhang Najmi  
Signature of a member or authorized representative of a member

Farhang Najmi

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

19 JUL 2009 PM 5:56  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE