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	ration Section on of Corporations		
SUBJECT: _	ropical IV, LLC		
	(Name of Lim	ited Liability Co	прапу)
The enclosed r	nember, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return a	II correspondence concerning	this matter to:	
Lauren Marsican	o Esq.		
	(Contact Person)		_
Marsicano + Ley	va PLLC		
	(Firm/Company)		_
2625 Ponce de Lo	con Blvd., Suite 280		
	(Address)		-
Coral Gables, FL	33134		
	(City/State and Zip Code)		_
For further infe	ormation concerning this matte	er, please call:	
Lauren Marsicano	o, Esq.	305 at (7212917
(Nan	ne of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pleas \$25 Filing I	se find a check made payable t Fee		Department of State for: g Fee & Certified Copy
Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it ap	opears on the records of the Florida Departmen	
of State is: Tropi	cal IV. LLC		
2. The Florida doc	ument/registration number assign	ed to this limited liability company is:	
L22000030546			
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resign is: May 1, 2022	
4. I, Carey L. Krause (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
Member and own	ет		
	(Print Title)		
	• •	nited liability company has been notified of my	
resignation in wr	iting.	79	
î Ma	$\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O})))$		
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XX	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Signature of D	Manager		
_	•		
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Filing Fee:	\$25.00 (Required)	57	
Certified Copy:	\$30.00 (Optional)		