2000 UNIFORM BUSINESS REPORT (UBR) APPROVED DOCUMENT # м99000002055 1. Entity Name Tropical Wood, LLC 00 APR 18 PM 4: 06 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 3241 118th Ave. N. 3241 118th Ave. N. St. Petersburg, FL 33716 St. Petersburg, FL 3|3716 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOMApplied For 4. FEI Number City & State City & State Not Applicable 58-2380260 \$5.00 Additional Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Michael-Jankowski Street Address (P.O. Box Number is Not Acceptable) 3241 118th Ave. N. St. Petersburg, FL 33716 Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Change Addition Mgr ☐ Delete TITLE TITLE Michael Jankowski NAME STREET ADDRESS STREET ADDRESS 3241 118th Ave. N. CITY-ST-ZIP CITY-ST-ZIP St. <u>Petersburg. FL</u> 33716 TITLE -04/28/00---01@5999-009 Addition ☐ Delete NAME *****50.80 ****58.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 😼 🤣 NAME STREET ATTRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature stall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the report of trusted empowered to execute this report as required by Chapter 608. Florida Statutes. 11. I hereby certify that the information supplied with this filing does not g SIGNATURE: