### 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/08/2022

SIGNATURE: CHUCK DEL VECCHIO Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

SAX, WILLIAM L. 5801 NW 151 STREET SUITE 307 MIAMI LAKES, FL 33014 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

#### **Officer/Director Detail :**

PTD Title DEL VECCHIO, CHARLES F. Name Address 151 N.E. 179TH ST

City-State-Zip: MIAMI FL

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 566275**

#### Entity Name: TROPIC AIR CONDITIONING & REFRIGERATION SUPPLY, INC.

#### **Current Principal Place of Business:**

1001 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

#### **Current Mailing Address:**

1001 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

## FEI Number: 59-1452203

PRESIDENT

Date

## FILED Mar 08, 2022 Secretary of State 1362161318CC

Certificate of Status Desired: No

Date