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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRES BOLIVAR

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TROPICAL PROTECTION, LLC

Current Principal Place of Business:

19201 NW 89TH AVE. MIAMI, FL 33018

Current Mailing Address:

DOCUMENT# L04000079812

19201 NW 89TH AVE. MIAMI, FL 33018 US

FEI Number: 20-1831023

Name and Address of Current Registered Agent:

BOLIVAR, ANDRES R 19201 NW 89TH AVE. MIAMI, FL 33018 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	: ANDRES R. BOLIVAR			01/17/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	DIRECTOR	Title	DIRECTOR	
Name	BOLIVAR, ANDRES R	Name	BOLIVAR, MARIA A	
Address	19201 NW 89TH AVE.	Address	19201 NW 89TH AVE	
City-State-Zip:	MIAMI FL 33018	City-State-Zip:	HIALEAH FL 33018	

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

DIRECTOR

01/17/2020

Date

FILED Jan 17, 2020 Secretary of State 8761173909CC