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 R. BOLIVAR

Electronic Signature of Signing Authorized Person(s) Detail

DIRECTOR

04/12/2019

Certificate of Status Desired: No

∩4/12/2019 SIGNATURE: ANDRES R BOLIVAR

MIAMI, FL 33018

Current Mailing Address:

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. BULIVAR			04/12/2019
		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	

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079812

Entity Name: TROPICAL PROTECTION, LLC

Current Principal Place of Business:

19201 NW 89TH AVE.

FILED Apr 12, 2019 Secretary of State 7661272580CC

Date