

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079812

**Entity Name:** TROPICAL PROTECTION, LLC

**Current Principal Place of Business:**

8901 NW 188 TER  
MIAMI, FL 33018

**Current Mailing Address:**

8901 NW 188 TER.  
MIAMI, FL 33018 US

**FEI Number:** 20-1831023

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOLIVAR, ANDRES R  
8901 NW 188 TER.  
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

01/27/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            DIR  
Name            BOLIVAR, ANDRES R  
Address        8901 NW 188 TER.  
City-State-Zip: MIAMI FL 33018

*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

**DIRECTOR**

01/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date