

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087635

Entity Name: 1401 TROPICAL DR. , LLC

Current Principal Place of Business:

4402 MARTINIQUE CT. C-1
COCONUT CREEK, FL 33066

Current Mailing Address:

4402 MARTINIQUE CT. C-1
COCONUT CREEK, FL 33066 US

FEI Number: 26-3311118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSO, CARLOS
4402 MARTINIQUE CT. C-1
COCONUT CREEK, FL 33066 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

_____ Date

Authorized Person(s) Detail :

Title MGR
Name CAMYR MANAGEMENT, LLC
Address 4402 MARTINIQUE CT. C-1
City-State-Zip: COCONUT CREEK FL 33066

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: CARLOS ALONSO

MANAGER

04/19/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date