## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043121

**Entity Name: TROPICARS,LLC** 

**Current Principal Place of Business:** 

13691 SW 145 CT MIAMI, FL 33186

## **Current Mailing Address:**

13691 SW 145 CT MIAMI, FL 33186 US

FEI Number: 27-2830950 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

EVANS, JAMES CESQ. 13691 SW 145 CT MIAMI, FL 33186 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

**FILED** Mar 19, 2025

**Secretary of State** 

8202382204CC

## Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

Name

EVANS, JAMES CESQ.

Name

KELLER, LYNNE E

Address

13551 SW 132 AVENUE

Address

13551 SW 132 AVENUE

City-State-Zip: MIAMI FL 33186

City-State-Zip:

MIAMI FL 33186

Ρ

Title

Name

**MEMBER** 

Title Name

SOKOLOWSKY, T J

Address

13691 SW 145 CT

EVANS, LAURIE

Address

13691 SW 145 CT

City-State-Zip:

MIAMI FL 33186

City-State-Zip:

MIAMI FL 33186

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: JAMES C. EVANS

CEO

03/19/2025