

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000010238

**Entity Name:** TROPICAL TRAILS REALTY, LLC

**Current Principal Place of Business:**

3011 EXCHANGE CT.  
100  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

3011 EXCHANGE CT.  
100  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 36-4783450

**Certificate of Status Desired:** No

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

GRANT, ALVIN K  
507 HURON PL  
WEST PALM BEACH, FL 33409 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 AUTHORIZED MEMBER  
Name GRANT, ALVIN K  
Address 507 HURON PL  
City-State-Zip: WEST PALM BEACH FL 33409

Title AUTHORIZED MEMBER  
Name GRANT, BERYL  
Address 507 HURON PL  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** ALVIN KEITH GRANT

**OWNER**

**03/31/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date