

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000126683

**Entity Name:** TROPICO MANAGEMENT LLC

**Current Principal Place of Business:**

3803 SAGO CT NE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

PO BOX 2743  
WINTER HAVEN, FL 33882 US

**FEI Number:** 47-1615269

**Certificate of Status Desired:** No

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

SMITH, SUSIETTE  
3803 SAGO CT NE  
WINTER HAVEN, FL 33881 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	Title	MGR
Name	SMITH, SUSIETTE	Name	SMITH, ISEAH III
Address	3803 SAGO CT NE	Address	3803 SAGO CT NE
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	WINTER HAVEN FL 33881

*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:** SUSIETTE SMITH

**MGR**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date