2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2017
Secretary of State
CC4793170042

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Entity Name: TROPICALISM LLC

Current Principal Place of Business:

285 NW 44 ST
APT 1
MIAMI, FL 33127

Current Mailing Address:

285 NW 44 ST
APT 1
MIAMI, FL 33127

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, KENNETH B JR
285 NW 44 ST
APT 1
MIAMI, FL 33127 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	AMBR
Name	JONES, KENNETH B JR
Address	285 NW 44 ST APT 1
City-State-Zip:	MIAMI FL 33127

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: KENNETH B JONES JR AMBR 04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date