

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000075467

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

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date