

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000163655

Entity Name: TROPICAL ABACUS LLC

Current Principal Place of Business:

1761 SE ADAIR RD
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1761 SE ADAIR RD
PORT SAINT LUCIE, FL 34952 US

FEI Number: 81-3824410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORY, CATHY A
1761 SE ADAIR RD
PORT SAINT LUCIE, FL 34952 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
Name CORY, CATHY A
Address 1761 SE ADAIR RD
City-State-Zip: PORT SAINT LUCIE FL 34952

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: CATHY CORY

MGR

03/29/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date