

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000150788

**Entity Name:** TROPIC FORT MEADE, LLC

**Current Principal Place of Business:**

10002 NW 89TH AVENUE  
MIAMI, FL 33178

**Current Mailing Address:**

10002 NW 89TH AVENUE  
MIAMI, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GOREY, STEPHEN J  
10002 NW 89TH AVENUE  
MIAMI, FL 33178 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 LEVASSER, GEORGE E  
Address 10002 NW 89TH AVENUE  
City-State-Zip: MIAMI FL 33178

Title AMBR  
Name GOREY, STEPHEN J  
Address 10002 NW 89TH AVENUE  
City-State-Zip: MIAMI FL 33178

*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:** STEPHEN GOREY

GM

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date