# 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. 11/01/2023

SECRETARY

#### SIGNATURE: JEREMY SCHWENDIMAN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name:	TROPIC OIL COM	PANY LLC

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# **Current Principal Place of Business:**

10002 NW 89TH AVE. MIAMI. FL 33178

### **Current Mailing Address:**

DOCUMENT# L19000237186

10002 NW 89TH AVE. MIAMI. FL 33178 US

## FEI Number: 59-0667006

### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

#### Authorized Person(s) Detail :

Title	OTHER	Title	MANAGER, PRESIDENT	
Name	REED, BRECK	Name	SANKER, DONNA	
Address	10002 NW 89TH AVENUE	Address	2800 POST OAK BLVD	
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	SUITE 5200 HOUSTON TX 77056	
Title	OTHER	Title	VP, DIRECTOR, TREASURER	
Name	DELGADO, DANIEL NICHOLAS 9970 NW 89TH CT	Name Address	MARINOV, DIMITRE 2800 POST OAK BLVD SUITE 5200	
Address				
City-State-Zip:	MEDLEY FL 33853			
		City-State-Zip:	HOUSTON TX 77056	
Title	SECRETARY			
Name	SCHWENDIMAN, JEREMY			
Address	551 EAST STATE STREET			
City-State-Zip:	AMERICAN FORK UT 84003			

Date

Certificate of Status Desired: No

Date