

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000237186

Entity Name: TROPIC OIL COMPANY LLC

Current Principal Place of Business:

#405, 9675 NW 117TH AVENUE
MIAMI, FL 33178

Current Mailing Address:

#405, 9675 NW 117TH AVENUE
MIAMI, FL 33178 US

FEI Number: 59-0667006

Certificate of Status Desired: Yes

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

Date

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 SUITE 5200
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	HOUSTON TX 77056

Title	OTHER	Title	VP, DIRECTOR, TREASURER
Name	DELGADO, DANIEL NICHOLAS	Name	MARINOV, DIMITRE
Address	9970 NW 89TH CT	Address	2800 POST OAK BLVD SUITE 5200
City-State-Zip:	MEDLEY FL 33853	City-State-Zip:	HOUSTON TX 77056

Title	SECRETARY	Title	DIRECTOR
Name	SCHWENDIMAN, JEREMY	Name	VARN, LAURA
Address	551 EAST STATE STREET	Address	100 - NE 27TH STREET
City-State-Zip:	AMERICAN FORK UT 84003	City-State-Zip:	MINOT ND 58702

Title	VP
Name	DICKSON, TROY
Address	2800 POST OAK BLVD STE 5200
City-State-Zip:	HOUSTON TX 77056

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: JEREMY SCHWENDIMAN

SECRETARY

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date