

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000237186

Entity Name: TROPIC OIL COMPANY LLC

Current Principal Place of Business:

10002 NW 89TH AVE.
MIAMI, FL 33178

Current Mailing Address:

10002 NW 89TH AVE.
MIAMI, FL 33178 US

FEI Number: 59-0667006

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUSH, BRYAN ESQ.
2 S. BISCAYNE BLVD., STE. 2600
MIAMI, FL 33131 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 MANAGER
Name QUARRIE, KEIRON W.
Address 9970 NW 89TH CT
City-State-Zip: MIAMI FL 33178

Title SECRETARY
Name ELLIOTT, CHRISTY JOHANNA
Address 1800, 240 - 4TH AVE SW
City-State-Zip: CALGARY AB T2P4H4

Title VP
Name KOVACS, STEVEN (STEVE)
Address 1800, 240 - 4TH AVE SW
City-State-Zip: CALGARY AB T2P4H4

Title OTHER
Name REED, BRECK
Address 10002 NW 89TH AVENUE
City-State-Zip: MIAMI FL 33178

Title MANAGER, PRESIDENT
Name SANKER, DONNA
Address 2800 POST OAK BLVD
SUITE 5200
City-State-Zip: HOUSTON TX 77056

Title MANAGER, VP
Name MARINOV, DIMITRE
Address SUITE 5200, 2800 POST OAK
BOULEVARD
City-State-Zip: HOUSTON TX 77056

Title VP
Name KILTY, COLIN PETER
Address 1800, 240 - 4TH AVE SW
City-State-Zip: CALGARY AB T2P 4H4

Title VP
Name SCHNITTKE, MARK
Address 100 - NE 27TH STREET
City-State-Zip: MINOT ND 58702

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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: CHRISTY JOHANNA ELLIOTT

SECRETARY

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title OTHER
Name DELGADO, DANNY
Address 9970 NW 89TH CT
City-State-Zip: MEDLEY FL 33853