

**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           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           OTHER  
Name           DELGADO, DANIEL NICHOLAS  
Address        9970 NW 89TH CT  
City-State-Zip: MEDLEY FL 33853

*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: DANIEL NICHOLAS DELGADO**

**OTHER**

**04/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date