

2022 FLORIDA LIMITED LIABILITY COMPANY 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: No

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	OTHER	Title	MANAGER, PRESIDENT
Name	PRADILLA, JORGE	Name	HAUGH, DOUGLAS (DOUG) SCOTT
Address	10002 NW 89TH AVE.	Address	2800 POST OAK BLVD STE 5200
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	HOUSTON TX 77056
Title	MANAGER, COO	Title	MANAGER, TREASURER
Name	ERICKSON, GERALD (JAY) PAUL II	Name	QUARRIE, KEIRON W.
Address	10002 NW 89TH AVENUE	Address	9970 NW 89TH CT
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	MIAMI FL 33178
Title	VP	Title	SECRETARY
Name	HO, CHUAN-SHUN (EDDIE)	Name	ELLIOTT, CHRISTY JOHANNA
Address	2251 NORTH HOLMES AVENUE	Address	1800, 240 - 4TH AVE SW
City-State-Zip:	IDAHO FALLS ID 83401	City-State-Zip:	CALGARY AB T2P4H4
Title	VP	Title	OTHER
Name	KOVACS, STEVEN (STEVE)	Name	REED, BRECK
Address	1800, 240 - 4TH AVE SW	Address	10002 NW 89TH AVENUE
City-State-Zip:	CALGARY AB T2P4H4	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: CHRISTY ELLIOTT

SECRETARY

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date