Number: 8	84-4269032		Certificate of Status Des	ired: No
e and Ad	dress of Current Registered Agent:			
,	-	istered office or reg	istered agent, or both, in the State of Fi	orida.
NATURE:	JAMES M STRICKLAND			01/04/2024
	Electronic Signature of Registered Agent			Date
orized Pe	erson(s) Detail :			
-		<b>T</b> '01 -		

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L2000007883

Entity Name: TROPIC LIFE INVESTMENTS, LLC

### **Current Principal Place of Business:**

8916 BRIERWOOD ROAD JACKSONVILLE, FL 32257

### **Current Mailing Address:**

8916 BRIERWOOD ROAD JACKSONVILLE, FL 32257 US

#### 04 4000000 . FEI N

### Name

STRIC 8916 B JACKS

SIGN

Authorized Person(s) Detail :						
Title	PRESIDENT, AUTHORIZED MEMBER	Title	VP, AUTHORIZED MEMBER			
Name	STRICKLAND, JAMES MATTHEW	Name	STRICKLAND, HILLARY ANNE			
Address	8916 BRIERWOOD ROAD	Address	8916 BRIERWOOD ROAD			
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257			

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: JAMES STRICKLAND

PRESIDENT

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Jan 04, 2024 **Secretary of State** 3753845889CC

No