

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029018

**Entity Name:** TROPICAL FLORIDA CUSTOM "LLC"

**Current Principal Place of Business:**

3094 NE LOQUAT LANE  
JENSEN BCH, FL 34957

**Current Mailing Address:**

3094 NE LOQUAT LANE  
JENSEN BCH, FL 34957

**FEI Number:** 84-4562266

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUFFANY, LAWRENCE N  
3094 NE LOQUAT LANE  
JENSEN BCH, FL 34957 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            PRES  
Name            DUFFANY, LAWRENCE  
Address        3094 NE LOQUAT LANE  
City-State-Zip: JENSEN BCH FL 34957

*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:** LAWRENCE N DUFFANY

**PRESIDENT**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date