

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000199900

**Entity Name:** TROPICAL SKINS, LLC

**Current Principal Place of Business:**

790 NE 155TH TERRACE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

790 NE 155TH TERRACE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 85-2338465

**Certificate of Status Desired:** No

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

DOLEX BIZ, LLC  
13145 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 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	P	Title	VP
Name	FRANCIS, JAZMIN D	Name	HAYES, ANDY
Address	790 NE 155TH TERRACE	Address	790 NE 155TH TERRACE
City-State-Zip:	NORTH MIAMI FL 33162	City-State-Zip:	NORTH MIAMI FL 33162

*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:** JAZMIN FRANCIS

**PRESIDENT**

**03/29/2021**

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

\_\_\_\_\_  
Date