

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000235745

**Entity Name:** TROPICAL TIKI HOUSE, LLC

**Current Principal Place of Business:**

1417 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1417 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**FEI Number:** 85-3015277

**Certificate of Status Desired:** No

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

SCOTT DAVID KRUEGER CHARTERED  
2750 NORTHWEST 43RD STREET  
SUITE 201  
GAINESVILLE, FL 32606 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 MGR  
Name CAPITAL CITY TRUST COMPANY  
Address 1417 NORTH MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

Title MANAGER  
Name SCHEE, ELISSA  
Address CO CAPITAL CITY TRUST COMPANY  
1417 NORTH MAIN STREET  
City-State-Zip: GAINESVILLE FL 32601

*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:** SDKRUEGER

**ATTORNEY**

**07/11/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date