## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000305629

**Entity Name: TROPIC SOUTH MANAGEMENT LLC** 

**Current Principal Place of Business:** 

801 DOUGLAS AVENUE

**UNIT 1004** 

ALTAMONTE SPRINGS, FL 32714-2913

**Current Mailing Address:** 

581 N PARK AVENUE **SUITE 2188** APOPKA, FL 32712 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DIXON, HOWARD 581 N PARK AVENUE **SUITE 2188** APOPKA, FL 32712 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: HOWARD DIXON 02/11/2025

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title CEO Title ΑP

Name DIXON, HOWARD Name DIXON, ANDRE

581 N PARK AVENUE, STE 2188 Address 581 N PARK AVENUE, STE 2188 Address

City-State-Zip: APOPKA FL 32712 City-State-Zip: APOPKA FL 32712

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.

02/11/2025 SIGNATURE: HOWARD DIXON CEO

**FILED** Feb 11, 2025

**Secretary of State** 

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