

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000305629

**Entity Name:** TROPIC SOUTH MANAGEMENT LLC

**Current Principal Place of Business:**

581 N PARK AVENUE  
SUITE 2188  
APOPKA, FL 32712

**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:**

WRIGHT, PAULNE  
581 N PARK AVE # 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            DIXON, HOWARD  
Address        581 N PARK AVENUE, STE 2188  
City-State-Zip: APOPKA FL 32712

Title            AP  
Name            DIXON, ANDRE  
Address        581 N PARK AVENUE, STE 2188  
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.*

**SIGNATURE:** HOWARD DIXON

CEO

04/27/2021

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

\_\_\_\_\_  
Date