

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000305629

**Entity Name:** TROPIC SOUTH MANAGEMENT LLC

**Current Principal Place of Business:**

112 MARCIA DR  
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

04/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

**SIGNATURE:** HOWARD DIXON

CEO

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date