| 5595 S TRO<br>MERRITT IS                        | PICAL TRL.<br>LAND, FL 32952 US   |  |   |                      |  |  |
|---|---|--|---|----------------------|--|--|
| FEI Number: 86-2289593                          |   | Certificate of Status Desired: No  |   |                      |  |  |
| Name and A                                      | ddress of Current Registered Agent:   |  |   |                      |  |  |
| DUNFEE , BRIA<br>5595 S TROPIC<br>MERRITT ISLAI |   |  |   |                      |  |  |
|   |   | 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. |   |                      |  |  |
| The above named                                 | l entity submits this statement for the purpose of changing its regis                         | stered office or regis   | tered agent, or both, in the State of Flo | orida.               |  |  |
|   | e entity submits this statement for the purpose of changing its regis<br>DUNFEE,BRIAN L       | stered office or regis   | tered agent, or both, in the State of Flo | orida.<br>02/02/2024 |  |  |
|   |   | stered office or regis   | tered agent, or both, in the State of Flo |                      |  |  |
| SIGNATURE                                       | UNFEE , BRIAN L   | stered office or regis   | tered agent, or both, in the State of Flo | 02/02/2024           |  |  |
| SIGNATURE                                       | E: DUNFEE , BRIAN L<br>Electronic Signature of Registered Agent                               | stered office or regis   | tered agent, or both, in the State of Flo | 02/02/2024           |  |  |
| SIGNATURE                                       | E: DUNFEE , BRIAN L<br>Electronic Signature of Registered Agent<br>Person(s) Detail :         |  |   | 02/02/2024           |  |  |
| SIGNATURE<br>Authorized                         | E: DUNFEE , BRIAN L<br>Electronic Signature of Registered Agent<br>Person(s) Detail :<br>AMBR | Title  | AMBR                                      | 02/02/2024           |  |  |

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: DUNFEE, BRIAN L

AMBR

02/02/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000079034

Entity Name: SOUTH TROPICAL PALMS LLC

## **Current Principal Place of Business:**

5595 S TROPICAL TRL. MERRITT ISLAND, FL 32952

# **Current Mailing Address:**

5595 S TROPICAL TRI Ν

## I

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2024 **Secretary of State** 5715367570CC

Date