## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000173481

**Entity Name: TROPISKYN LLC** 

**Current Principal Place of Business:** 

1020 E LAFAYETTE ST **SUITE 216** 

TALLAHASSEE, FL 32301

## **Current Mailing Address:**

1020 E LAFAYETTE ST **SUITE 216** TALLAHASSEE, FL 32301 US

FEI Number: 86-3736353 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PITTER, FRIDESHIA 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 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: FRIDESHIA PITTER 04/30/2022

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title **AMBR** 

PITTER, FRIDESHIA Name 1020 E LAFAYETTE ST Address

**SUITE 216** 

City-State-Zip: TALLAHASSEE FL 32301

SIGNATURE: FRIDESHIA PITTER

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.

Electronic Signature of Signing Authorized Person(s) Detail

**OWNER** 

**FILED** Apr 30, 2022

**Secretary of State** 

7520479429CC

Date

04/30/2022