# SIGNATURE: MICHELLE HOOVER

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000014380

Entity Name: TROPICGAL NATURALS LLC

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

7842 LAND O' LAKES BLVD 323 LAND O LAKES, FL 34638

### **Current Mailing Address:**

7842 LAND O' LAKES BLVD 323 LAND O LAKES, FL 34638

#### FEI Number: 85-2102029

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HOOVER, MICHELLE 7842 LAND O' LAKES BLVD 323 LAND O LAKES, FL 34638 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:

#### Authorized Person(s) Detail :

Authorized Terson(s) Detail.			
Title	MGR	Title	MGR
Name	HOOVER, MICHELLE	Name	HENRIQUEZ, LEONEL
Address	7842 LAND O' LAKES BLVD #323	Address	7842 LAND O' LAKES BLVD #323
City-State-Zip:	LAND O LAKES FL 34638	City-State-Zip:	LAND O LAKES FL 34638

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

PRESIDENT

01/26/2024

FILED Jan 26, 2024 Secretary of State 6474280609CC

Certificate of Status Desired: No

TREOBERT

Date

Date