

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000107876

**Entity Name:** TROPICAL WAY INSURANCE LLC

**Current Principal Place of Business:**

3835 CLYDE MORRIS BLVD  
UNIT 14101  
PORT ORANGE, FL 32129

**Current Mailing Address:**

3835 CLYDE MORRIS BLVD  
UNIT 14101  
PORT ORANGE, FL 32129 US

**FEI Number:** 88-1488012

**Certificate of Status Desired:** Yes

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

BARBER, PRISCILLA  
3835 CLYDE MORRIS BLVD  
UNIT 14101  
PORT ORANGE, FL 32129 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 MGR  
Name BARBER, PRISCILLA  
Address 3835 CLYDE MORRIS BLVD  
UNIT 14101  
City-State-Zip: PORT ORANGE FL 32129

*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:** PRISCILLA BARBER

**OWNER AND MANAGER**

**03/14/2025**

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

\_\_\_\_\_  
Date