

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000107876

Entity Name: TROPICAL WAY INSURANCE LLC

Current Principal Place of Business:

3835 CLYDE MORRIS BLVD
APT #4208
SUNRISE, FL 32129

Current Mailing Address:

3835 CLYDE MORRIS BLVD
APT 4208
PORT ORANGE, FL 32129 US

FEI Number: 88-1488012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBER, PRISCILLA
3835 CLYDE MORRIS BLVD
APT #4208
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
APT 4208
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

PRESIDENT

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date