

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000023733

Entity Name: TROPIKAL POOLS LLC

Current Principal Place of Business:

1696 SOUTHEAST SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1696 SOUTHEAST SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE, FL 34952

FEI Number: 92-1533984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANJAY, SHAKES
1696 SOUTHEAST SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE, FL 34952 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 AMBR
Name SHAKES, SANJAY K
Address 1696 SOUTHEAST SOUTH NIEMEYER
 CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34952

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: SANJAY SHAKES

OWNER

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date