

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000010

**Entity Name:** TRIVEST PARTNERS, L.P.

**Current Principal Place of Business:**

2811 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2811 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 22-3698571

**Certificate of Status Desired:** No

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

COGENCY GLOBAL  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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

**General Partner Detail :**

Document # P02000021510  
Name TRIVEST PARTNERS, INC.  
Address 2811 PONCE DE LEON BLVD  
SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GERSHMAN

**AUTHORIZED  
REPRESENTATIVE**

04/17/2024

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date