## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072205

Entity Name: TRI COUNTY PORT O LET AND SEPTIC, LLC

Entity Name. TRI COUNTY FORT OLET AND SEPTIC, I

**Current Principal Place of Business:** 

15700 SE 73 RD AVE SUMMERFIELD, FL 34491

**Current Mailing Address:** 

PO BOX 6

SUMMERFIELD, FL 34492

FEI Number: 20-1702873 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COUTURE, EUGENE 15700 SE 73 AVE SUMMERFIELD, FL 34491 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

FILED Feb 19, 2014

**Secretary of State** 

CC0967004952

## Authorized Person(s) Detail:

Title MGRM

Name COUTURE, EUGENE

Address PO BOX 6

City-State-Zip: SUMMERFIELD FL 34492

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: EUGENE COUTURE

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

02/19/2014