

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072205

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

**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

**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

MANAGER

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date