

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063659

**Entity Name:** TRICOM GLOBAL LLC

**Current Principal Place of Business:**

2023 N ATLANTIC AVE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

2023 N ATLANTIC AVE  
COCOA BEACH, FL 32931

**FEI Number:** 20-5091570

**Certificate of Status Desired:** Yes

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

THORNTON, JOHN A  
2023 N ATLANTIC AVE  
COCOA BEACH, FL 32931 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 CEO  
Name THORNTON, JOHN A.  
Address 2023 N.ATLANTIC AVE. PMB90  
City-State-Zip: COCOA BEACH FL 32931

Title CFO  
Name THORNTON, JO ANN  
Address 2023 N ATLANTIC AVE , PMB90  
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR OF COPERATE OPERATIONS  
Name BARTO, HEATHER  
Address 2023 N ATLANTIC AVE  
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR OF IT  
Name BARTO, BRENT  
Address 2023 N ATLANTIC AVE  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name DICKENS, BRIAN  
Address 2023 N ATLANTIC AVE  
City-State-Zip: COCOA BEACH FL 32931

Title VP  
Name OSLOWSKI, WALTER  
Address 2023 N ATLANTIC AVE  
City-State-Zip: COCOA BEACH FL 32931

*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:** JOHN A THORNTON

CEO

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date