## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000051482

Entity Name: TRI-PEN, L.L.C.

**Current Principal Place of Business:** 

910 N NAVY BLVD

PENSACOLA, FL 32507

PO BOX 4817

PENSACOLA, FL 32507 US

**Current Mailing Address:** 

FEI Number: 20-8982842 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOCCANFUSO, ANTHONY R 910 N NAVY BLVD PENSACOLA, FL 32507 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: ANTHONY R BOCCANFUSO 10/24/2016

Electronic Signature of Registered Agent

Date

**FILED** Oct 24, 2016

**Secretary of State** 

CR5984203723

Authorized Person(s) Detail:

Title MGRM

Name BOCCANFUSO, ANTHONY R

Address PO BOX 4817

City-State-Zip: PENSACOLA FL 32507

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.