

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141738

**Entity Name:** TRIPERTA, LLC

**Current Principal Place of Business:**

210 CROWN POINT CIRCLE  
SUITE 112  
LONGWOOD, FL 32779

**Current Mailing Address:**

PO BOX 161315  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 45-4077097

**Certificate of Status Desired:** Yes

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

GRAY, JR., N. DWAYNE ESQ.  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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 MGR  
Name HARRIS, JAMES L  
Address PO BOX 161315  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

*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:** JAMES LEPERT HARRIS

**FOUNDER**

**04/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date