

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000018460

**Entity Name:** BROOK TROUT, LLC**Current Principal Place of Business:**1695-1 METROPOLITAN CIR.  
TALLAHASSEE, FL 32308**Current Mailing Address:**1695-1 METROPOLITAN CIR.  
TALLAHASSEE, FL 32308**FEI Number:** 47-3017188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TYCHSEN, PETE  
1695-1 METROPOLITAN CIR.  
TALLAHASSEE, FL 32308 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 AMBR  
Name TYCHSEN, PETE  
Address 1695-1 METROPOLITAN CIR.  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name TYCHSEN, PETE  
Address 1695-1 METROPOLITAN CIR.  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name WESLEY, SHAWN L  
Address 4699 NORTH MONROE ST.  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name TYCHSEN, LEANNE  
Address 1695-1 METROPOLITAN CIR  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name TYCHSEN, ANDREW P  
Address 1695-1 METROPOLITAN CIR.  
City-State-Zip: TALLAHASSEE FL 32308

*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: PETE TYCHSEN**

AMBR

04/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date