

2019 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

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**MGR****04/23/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date