

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000212234

**Entity Name:** TRICORP MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

2090 W FIRST STREET  
UNIT 1710  
FORT MYERS, FL 33901

**Current Mailing Address:**

2090 W FIRST STREET  
UNIT 1710  
FORT MYERS, FL 33901

**FEI Number:** 81-4556532

**Certificate of Status Desired:** No

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

JACKMAN, RITA  
4575 VIA ROYALE  
SUITE 200  
FORT MYERS, FL 33919 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 JHAGY, LLC  
Address 2090 W FIRST STREET  
City-State-Zip: UNIT 1710 FL 33901

Title MGR  
Name EADES, JOHN  
Address 302 FORST STREET #200  
City-State-Zip: HATTIERSBERG MS 39401

*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:** JHAGY LLC

**MANAGER**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date