

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000217298

**Entity Name:** TRI LEAF ENTERPRISES, LLC

**Current Principal Place of Business:**

175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33130 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KENNER + IMPARATO, PLLC  
175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33130 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 HEYDORN, WARREN  
Address 1151 POLO DRIVE  
City-State-Zip: LAKE FOREST IL 60045

Title AMBR  
Name AMBROSINO, DANIEL  
Address 2022 NORTH FREMONT  
City-State-Zip: CHICAGO IL 60614

Title AMBR  
Name KENNER, ADAM  
Address 175 SW 7TH STREET, SUITE 2410  
City-State-Zip: MIAMI FL 33130

*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:** WARREN HEYDORN

**MANAGER**

**05/01/2019**

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

\_\_\_\_\_  
Date