## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000143349

**Entity Name: TACRIPE ENTERPRISES LLC** 

**Current Principal Place of Business:** 

776 N MACEWEN DR OSPREY. FL 34229-3203

**Current Mailing Address:** 

776 N MACEWEN DR OSPREY. FL 34229-3203 US

FEI Number: 83-0966451 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRIPE, THOMAS A 776 N MACEWEN DR OSPREY, FL 34229-3203 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.

City-State-Zip:

OSPREY FL 34229-3203

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 17, 2020

**Secretary of State** 

8146248086CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameCRIPE, THOMAS ANameCRIPE, PATRICIA SAddress776 N MACEWEN DRAddress776 N MACEWEN DR

City-State-Zip: OSPREY FL 34229-3203

Title AMBR

Name CRIPE FAMILY REVOCABLE TRUST

**DATED MAY 23, 2011** 

Address 776 N MACEWEN DR
City-State-Zip: OSPREY FL 34229-3203

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: THOMAS CRIPE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

01/17/2020 Date