| FEI NUMber:                                     | 83-1314844  | Certificate of Status Desir                  |
|---|---|--|
| Name and Ac                                     | Idress of Current Registered Agent:   |  |
| MARTINEZ PA, F<br>1102 PONCE DE<br>CORAL GABLES | LEON BLVD   |  |
| The above named                                 | entity submits this statement for the purpose of changing its registered office or regi | stered agent, or both, in the State of Flori |
| SIGNATURE:                                      | ROLAND MARTINEZ PA  |  |
|   | Electronic Signature of Registered Agent  |  |

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000190501

## Entity Name: TRITON FARMS LLC

## **Current Principal Place of Business:**

3109 JUNIPER LANE DAVIE, FL 33330

#### **Current Mailing Address:**

3109 JUNIPER LANE DAVIE, FL 33330 US

# FEI Number: 83-1514844

#### Na

|                               | Electronic Signature of Registered Agent |                 |                           | Date |
|-------------------------------|--|-----------------|---------------------------|------|
| Authorized Person(s) Detail : |  |                 |                           |      |
| Title                         | MGR                                      | Title           | MGR                       |      |
| Name                          | VIDAL, RUBEN                             | Name            | DE LA ROSA, MAITE         |      |
| Address                       | 3109 JUNIPER LANE                        | Address         | 6526 SOUTH KANNER HWY 283 |      |
| City-State-Zip:               | DAVIE FL 33330                           | City-State-Zip: | STUART FL 34997           |      |

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: VIDAL, RUBEN

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 30, 2021 Secretary of State 3425709223CC

04/30/2021

Certificate of Status Desired: No