

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000224280

**Entity Name:** TRIPOD UNITED LLC

**Current Principal Place of Business:**

6800 OWNESMOUTH AVE SUITE 410  
CANOGA PARK, CA 91303

**Current Mailing Address:**

6800 OWNESMOUTH AVE SUITE 410  
CANOGA PARK, CA 91303 US

**FEI Number:** 83-2128715

**Certificate of Status Desired:** No

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

BAUMAN, AARON  
104 LAGUNA VILLA BLVD  
F 13  
JACKSONVILLE, FL 32250 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:** AARON BAUMAN

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAUMAN, SHAUN J  
Address 6800 OWNESMOUTH AVE SUITE 410  
City-State-Zip: CANOGA PARK 91303

Title MGR, AUTHORIZED MEMBER  
Name GIARRUSSO, ANTHONY FRANK  
Address 9909 TOPANGA CYN BLVD  
City-State-Zip: CHATSWORTH CA 91311

Title MGR, AUTHORIZED MEMBER  
Name LINE, BRENTON KEITH  
Address 11822 SW 34TH RD  
City-State-Zip: GAINESVILLE FL 32608

*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:** SHAUN BAUMAN

MGR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date