

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000240635

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9952713339CC**

**Entity Name:** TRIVERGENT TRUST COMPANY, LLC

**Current Principal Place of Business:**

1201 S ORLANDO AVE #370  
WINTER PARK, FL 32789

**Current Mailing Address:**

1201 S ORLANDO AVE #370  
WINTER PARK, FL 32789 US

**FEI Number:** 83-2278869

**Certificate of Status Desired:** No

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

COLADO, RAY D  
1201 S ORLANDO AVE #370  
WINTER PARK, FL 32789 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 D  
Name BATES, JENNIFER F  
Address 1201 S ORLANDO AVE #370  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name COLADO, RAY D  
Address 1201 S ORLANDO AVE #370  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name BENNETT, EDWARD E  
Address 1201 S ORLANDO AVE #370  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name PACE, KATHERINE A  
Address 1201 S ORLANDO AVE #370  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name VOGES, WILLIAM J  
Address 1201 S ORLANDO AVE #370  
City-State-Zip: WINTER PARK FL 32789

*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:** KATHERINE PACE

D

02/11/2019

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

\_\_\_\_\_  
Date