

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000084723

**Entity Name:** TRIPLIII CROWN SOLUTIONS L.L.C

**Current Principal Place of Business:**

218 NW 12TH AVE  
509  
MIAMI, FL 33128

**Current Mailing Address:**

218 NW 12TH AVE  
509  
MIAMI, FL 33128

**FEI Number:** 84-4828263

**Certificate of Status Desired:** No

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

SZKOLNIK, MANUEL  
218 SW 12TH AVE  
509  
MIAMI, FL 33128 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 SZKOLNIK, MANUEL  
Address 218 SW 12TH AVE  
City-State-Zip: MIAMI FL 33128

Title MGR  
Name QUIENTERO, ENRIQUE  
Address 1850 NW 28TH ST  
City-State-Zip: OAKLAND FL 33311

*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:** MANUEL SZKOLNIK

**OWNER**

**03/17/2020**

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

\_\_\_\_\_  
Date