

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000084723

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

**Current Principal Place of Business:**

3700 PONCE DE LEON  
5  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3700 PONCE DE LEON  
5  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-4828263

**Certificate of Status Desired:** No

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

SZKOLNIK, MANUEL  
3700 PONCE DE LEON  
5  
CORAL GABLES, FL 33134 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            OWNER  
Name            SZKOLNIK, MANUEL  
Address        3700 PONCE DE LEON  
                  5  
City-State-Zip: CORAL GABLES FL 33134

Title            MGR  
Name            QUINTERO, 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**

**03/29/2022**

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

\_\_\_\_\_  
Date