

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000154634

Entity Name: TRILOGY LLC

Current Principal Place of Business:

1157 W STATE RD 436
107
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1157 W STATE RD 436
107
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 38-4121973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AL JAFARI, TARIQ
1157 W STATE RD 436
#107
ALTAMONTE SPRINGS, FL 32714 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 AUTHORIZED MEMBER
Name AL JAFARI, TARIQ
Address 1157 W STATE RD 436, #107
City-State-Zip: ALTAMONTE SPRING FL 32714

Title AUTHORIZED MEMBER
Name ISMAIL, SHEZAD
Address 1157 W STATE RD 436, #107
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AUTHORIZED MEMBER
Name AJANI, JAVED
Address 1157 W STATE RD 436
107
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: TARIQ AL JAFARI

AUTHORIZED MEMBER

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date