

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000344743

**Entity Name:** TRION MASK, LLC

**Current Principal Place of Business:**

21392 TOWN LAKES DRIVE  
APT 1018  
BOCA RATON, FL 33486

**Current Mailing Address:**

21392 TOWN LAKES DRIVE  
APT 1018  
BOCA RATON, FL 33486 US

**FEI Number:** 86-1321606

**Certificate of Status Desired:** No

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

WHITICE, WILLIAM D  
15727 PINES BOULEVARD  
SUITE 326  
PEMBROKE PINES, FL 33027 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 WATERFORD, STEVE  
Address 21392 TOWN LAKES DRIVE,  
APARTMENT 1018  
City-State-Zip: BOCA RATON FL 33486

*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:** STEVE WATERFORD

**MANAGER**

**04/07/2021**

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

\_\_\_\_\_  
Date