

2023 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

Title	COO
Name	GORDON, PETER DALE
Address	2900 NW 112TH AVENUE SUITE 10
City-State-Zip:	DORAL FL 33172

Title	CEO
Name	WHITICE, MICHAEL DALE
Address	2900 NW 112 AVENUE SUITE 10
City-State-Zip:	DORAL FL 33172

Title	LEGAL COUNSEL
Name	WHITICE, WILLIAM DALE
Address	720 CYPRESS POINTE DRIVE EAST
City-State-Zip:	PEMBROKE PINES FL 33027

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: WILLIAM DALE WHITICE**COUNSEL****07/16/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date