

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000174512

Entity Name: 3T CAPITAL GROUP, LLC

Current Principal Place of Business:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 86-3537473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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: BILL HAVRE

03/31/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name HODGKIN, JOHN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name GARCIA, KENDRA
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name MULLEN, NIKKI
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name CADE, BENJAMIN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name MAUNEY, BLAIR
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name STRADLEY, DUSTIN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name RAJYAGURU, KIRAN
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: NIKKI MULLEN

MEMBER

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date