

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000517900

Entity Name: TRISTAR UNLIMITED, LLC

Current Principal Place of Business:

195 W BLUE SPRINGS AVENUE
ORANGE CITY, FL 32763

Current Mailing Address:

195 W BLUE SPRINGS AVENUE
ORANGE CITY, FL 32763

FEI Number: 87-4577689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, FRANK
195 W BLUE SPRINGS AVENUE
ORANGE CITY, FL 32763 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 CRUZ, FRANK
Address 195 W BLUE SPRINGS AVENUE
City-State-Zip: ORANGE CITY FL 32763

Title MGR
Name MORAD, ALEJANDRO J
Address 195 W BLUE SPRINGS AVENUE
City-State-Zip: ORANGE CITY FL 32763

Title MGR
Name HERNANDEZ COTTO, ORLANDO
Address 195 W BLUE SPRINGS AVENUE
City-State-Zip: ORANGE CITY FL 32763

Title AP
Name DE LA CRUZ, FRANCISCO
Address 195 W BLUE SPRINGS AVENUE
City-State-Zip: ORANGE CITY FL 32763

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: ALEJANDRO MORAD

MANAGING PARTNER

04/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date