

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000130088

**Entity Name:** 15544 TRI COUNTY LLC

**Current Principal Place of Business:**

14050 S.E. HIGHWAY 475  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

14050 S.E. HIGHWAY 475  
SUMMERFIELD, FL 34491 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALDANA, TRAVIS J SR.  
14050 S.E. HIGHWAY 475  
SUMMERFIELD, FL 34491 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 ALDANA, TRAVIS J SR.  
Address 14050 S.E. HIGHWAY 475  
City-State-Zip: SUMMERFIELD FL 34491

Title MGR  
Name ALDANA, ALYSON M  
Address 14050 S.E. HIGHWAY 475  
City-State-Zip: SUMMERFIELD FL 34491

*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:** ALYSON ALDANA

**MANAGER**

**02/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date