

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000370562

Entity Name: TRILOGY411 GROUP LLC

Current Principal Place of Business:

160 S UNIVERSITY DRIVE
SUITE A
PLANTATION, FL 33324

Current Mailing Address:

160 S UNIVERSITY DRIVE
SUITE A
PLANTATION, FL 33324

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, ARIELLE
696 NW 38TH AVE
DEERFIELD BEACH, FL 33442 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 AUTHORIZED MEMBER
Name COHEN, ARIELLE
Address 696 NW 38TH AVE
City-State-Zip: DEERFIELD BEACH FL 33442

Title AUTHORIZED MEMBER
Name CALZADILLA, ELIZABETH
Address 28905 SW 84 AVE
City-State-Zip: CUTLER BAY FL 33189

Title AUTHORIZED MEMBER
Name HERNANDEZ, KELLEY
Address 5751 W WATERFORD DR
City-State-Zip: DAVIE FL 33331

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: ARIELLE COHEN

OWNER

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date