

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000391966

**Entity Name:** TRICOM REAL ESTATE LLC

**Current Principal Place of Business:**

13900 COUNTY RD 455  
STE 107 # 419  
CLERMONT, FL 34711

**Current Mailing Address:**

13900 COUNTY RD 455  
STE 107 # 419  
CLERMONT, FL 34711 UN

**FEI Number:** 20-5972046

**Certificate of Status Desired:** Yes

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

HOLIMAN, TOM  
13900 COUNTY RD 455  
STE 107 # 419  
CLERMONT, FL 34711 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            PRES  
Name            HOLIMAN, TOM  
Address        13900 COUNTY RD 455  
City-State-Zip: CLERMONT FL 34711

*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:** TOM HOLIMAN

**PRESIDENT**

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date