

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L98000002596

**Entity Name:** TRICONY MANAGEMENT, LLC

**Current Principal Place of Business:**

313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

**Current Mailing Address:**

313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

**FEI Number:** 65-0873478

**Certificate of Status Desired:** No

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

TORRES, RICK OVADIA  
C/O TRICONY MANAGEMENT LLC  
313 1/2 WORTH AVE., STE B-1  
PALM BEACH, FL 33480 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:** RICK TORRES

04/24/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	PRESIDENT
Name	TRICONY FLORIDA CORP.	Name	TORRES, RICK OVADIA
Address	313 1/2 WORTH AVE. SUITE B-1	Address	313 1/2 WORTH AVENUE, SUITE B-1
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480
Title	VP		
Name	TORRES, MICHAEL		
Address	313 1/2 WORTH AVENUE, SUITE B-1		
City-State-Zip:	PALM BEACH FL 33480		

*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:** RICK TORRES

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04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date