

2015 FLORIDA LIMITED LIABILITY COMPANY 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:

TRICONY FLORIDA CORP.
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name TRICONY FLORIDA CORP.
Address 313 1/2 WORTH AVE. SUITE B-1
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT
Name TORRES, RICK OVADIA
Address 313 1/2 WORTH AVENUE, SUITE B-1
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

P

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date