

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000481

**Entity Name:** TRULITE INTERMEDIATE HOLDING, LLC

**Current Principal Place of Business:**

403 WESTPARK COURT  
SUITE 201  
PEACHTREE CITY, GA 30269

**Current Mailing Address:**

403 WESTPARK COURT  
SUITE 201  
PEACHTREE CITY, GA 30269 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, TREASURER  
Name DUVALL, ANTON  
Address 403 WESTPARK COURT  
SUITE 201  
City-State-Zip: PEACHTREE CITY GA 30269  
  
Title MANAGER  
Name ROBERSON, BRUCE  
Address 5200 TOWN CENTER CIRCLE  
SUITE 600  
City-State-Zip: BOCA RATON FL 33486

Title MANAGER  
Name WOLFE, AARON P  
Address 5200 TOWN CENTER CIRCLE  
SUITE 600  
City-State-Zip: BOCA RATON FL 33486  
  
Title MANAGER, PRESIDENT  
Name YATES , KEVIN  
Address 403 WESTPARK COURT  
SUITE 201  
City-State-Zip: PEACHTREE CITY GA 30269

*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:** ANTON DUVALL

**SECRETARY**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date