

2022 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, VP, CEO
Name	DUVALL, ANTON
Address	403 WESTPARK COURT SUITE 201
City-State-Zip:	PEACHTREE CITY GA 30269

Title	MANAGER
Name	WOLFE, AARON P
Address	5200 TOWN CENTER CIRCLE SUITE 600
City-State-Zip:	BOCA RATON FL 33486

Title	MANAGER
Name	ROBERSON, BRUCE
Address	5200 TOWN CENTER CIRCLE SUITE 600
City-State-Zip:	BOCA RATON FL 33486

Title	MANAGER, PRESIDENT, CEO
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****04/14/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date