

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001820

**Entity Name:** TRIOPCO, LLC

**Current Principal Place of Business:**

1109 SHADOW RIDGE DRIVE  
SEBRING, FL 33872

**Current Mailing Address:**

1109 SHADOW RIDGE DRIVE  
SEBRING, FL 33872

**FEI Number:** 27-1592312

**Certificate of Status Desired:** Yes

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

STONE, JERRY  
1109 SHADOW RIDGE DRIVE  
SEBRING, FL 33872 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 STONE, JERRY  
Address 1109 SHADOW RIDGE DRIVE  
City-State-Zip: SEBRING FL 33872

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JERRY STONE

**MANAGING MEMBER**

**07/22/2013**

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

\_\_\_\_\_  
Date