

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001825

Entity Name: TRICOAST ADVISORS, LLC

Current Principal Place of Business:

50 LOUIS ST NW, SUITE 510
GRAND RAPIDS, MI 49503

Current Mailing Address:

50 LOUIS ST NW
SUITE 510
GRAND RAPIDS, MI 49503 US

FEI Number: 27-5095730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED MEMBER
Name ROGERS, JOHN
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name STEFFEN, NATHAN
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name SCHROCK, JACOB
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name BARNETT, COLE
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED MEMBER
Name ERIC, KRIEGER
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

Title AUTHORIZED REPRESENTATIVE
Name SLOBODNIK, MEREDITH
Address 50 LOUIS ST NW, SUITE 510
City-State-Zip: GRAND RAPIDS MI 49503

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: MEREDITH SLOBODNIK

AUTHORIZED REPRESENTATIVE

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date