

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001585

Entity Name: TRAINYARD TECH, LLC**Current Principal Place of Business:**2900 HORSESHOE DRIVE SOUTH
SUITE 400
NAPLES, FL 34104**Current Mailing Address:**544 1ST AVE S
NAPLES, FL 34102 US**FEI Number:** 45-0513665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUDDY, CYNTHIA
544 1ST AVE S
NAPLES, FL 34102 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:** CYNTHIA RUDDY

01/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---|
| Title | MBR |
| Name | RUDDY, CYNTHIA |
| Address | 2900 HORSESHOE DRIVE SOUTH SUITE 400 |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|-----------------|-----------------|
| Title | OWNR |
| Name | RUDDY, CYNTHIA |
| Address | 544 1ST AVE S |
| City-State-Zip: | NAPLES FL 34102 |

| | |
|-----------------|---|
| Title | MBR |
| Name | ALIBERTI, JOHN |
| Address | 2900 HORSESHOE DRIVE SOUTH SUITE 400 |
| City-State-Zip: | NAPLES FL 34104 |

| | |
|-----------------|-----------------|
| Title | OWNR |
| Name | ALIBERTI, JOHN |
| Address | 544 1ST AVE S |
| City-State-Zip: | NAPLES FL 34102 |

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: CYNTHIA RUDDY

CFO

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date