

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000008103

**Entity Name:** DOYLE FARRIS, LLC

**Current Principal Place of Business:**

3030 NORTH ROCKY POINT DR. W  
SUITE 150  
TAMPA, FL 33607

**Current Mailing Address:**

3030 NORTH ROCKY POINT DR. W  
SUITE 150  
TAMPA, FL 33607 US

**FEI Number:** 81-1909856

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND RD.  
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 MGRM  
Name GOIJ-6 REVOCABLE LIVING TRUST  
Address 3030 NORTH ROCKY POINT DR. W,  
STE. 150  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name TRINITY FOUNDATION REVOCABLE  
TRUST  
Address 3030 NORTH ROCKY POINT DR. W  
SUITE 150  
City-State-Zip: TAMPA FL 33607

*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:** TC ZHANG

**ACCOUNTANT**

**05/01/2024**

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

\_\_\_\_\_  
Date