

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000002315

Entity Name: TRUCHOICE FINANCIAL GROUP, LLC

Current Principal Place of Business:

400 HIGHWAY 169 SOUTH
SUITE 200
ST. LOUIS PARK, MN 55426

Current Mailing Address:

400 HIGHWAY 169 SOUTH
SUITE 200
ST. LOUIS PARK, MN 55426 US

FEI Number: 82-4131109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 MANAGER
Name GAUMOND, WILLIAM E.
Address 400 HIGHWAY 169 SOUTH
 SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title MANAGER
Name JIRELE, , JASMINE M.
Address 400 HIGHWAY 169 SOUTH
 SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title MANAGER
Name THOMES, ERIC J.
Address 400 HIGHWAY 169 SOUTH
 SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

Title MANAGER
Name PETERSON, BRIAN B.
Address 400 HIGHWAY 169 SOUTH
 SUITE 200
City-State-Zip: ST. LOUIS PARK MN 55426

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: TRACY HADDY

ASST SECRETARY

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date