

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000018134

1. Entity Name
TRI-GEN REALTY, LLC



Principal Place of Business
**25 HOMESTEAD ROAD NO., UNIT 42B
LEHIGH ACRES, FL 33936**

Mailing Address
**25 HOMESTEAD ROAD NO., UNIT 42B
LEHIGH ACRES, FL 33936**

8/

FILED
Sep 01, 2004 8:00 am
Secretary of State

08-16-2004 90133 011 ****50.00



07152004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1154421

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ERRICO, THOMAS
25 HOMESTEAD ROAD NO., UNIT 42B
LEHIGH ACRES, FL 33936**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when electing)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ERRICO, THOMAS
25 HOMESTEAD RD N UNIT 42B
LEHIGH ACRES, FL 33936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #