

LIMITED LIABILITY COMPANY

REINSTATEMENT

DOCUMENT # L02000011148

1. Entity Name

TRICORP USA, L.L.C.



FILED

04 JUL 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

224 VIA TORTUGA
PALM BEACH FL 33480

Mailing Address

P.O. BOX 2779
PALM BEACH FL 33480

OK



☐ CHECK HERE IF MAKING CHANGES

7/20

2. Principal Place of Business

3. Mailing Address

PO Box 2779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33480

USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUER, DUSKO
224 VIA TORTUGA
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

10/06/03--01077--001 **50.00

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

See 22 243

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

000023591800

10/06/03--01077--001 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRUER, DUSKO
224 VIA TORTUGA
PALM BEACH FL 33480

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000023591800
08/04/04--01022--003 **100.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2003
2004

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)