

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002289

DOCUMENT # L02000019460

1. Entity Name

TRIRICH HOLDINGS LLC



FILED

03 APR 23 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4439 WOODSONG LOOP W  
JACKSONVILLE FL 32225

Mailing Address

4439 WOODSONG LOOP W  
JACKSONVILLE FL 32225

2. Principal Place of Business

7130 W. TENNESSEE ST.

Suite, Apt. #, etc.

3. Mailing Address

7130 W. TENNESSEE ST.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32304

Country

USA

City & State

TALLAHASSEE FL

Zip

32304

Country

USA

4. FEI Number

01-0742601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FOSTER, RICHARD C  
4439 WOODSONG LOOP W  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

RICHARD C. FOSTER

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

7130 W. TENNESSEE ST.

City

TALLAHASSEE

FL

Zip Code

32304

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

*Richard C. Foster*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

000016954690

04/21/03--01036--008 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME FOSTER, RICHARD C  
STREET ADDRESS 4439 WOODSONG LOOP W  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE MGRM ☐ Delete  
NAME FOSTER, PATRICIA  
STREET ADDRESS 4439 WOODSONG LOOP W  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME RICHARD FOSTER  
STREET ADDRESS 9203 McDUGAL CT.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE MGRM ☒ Change ☐ Addition  
NAME PATRICIA FOSTER  
STREET ADDRESS 9203 McDUGAL CT.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard C. Foster*

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

Date

Daytime Phone #

4/21/03

CR2E083 (10/02)