

01-01-25

L19000195513

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Statement of fact

The undersigned hereby certify, under penalty of perjury, and notify the Florida Department of State that they wish to stipulate to the following FACTS with respect to Triforce Contracting LLC. A Florida Limited Liability Company.  
Document # L19000195513

1. On July 15, 2024 Daniel Panarella amended the annual report removing me, Charles Siegfried without my permission/ consent.
2. On July 29th, 2024 All Triforce Contracting Bank Accounts were completely withdrawn and closed out without my consent.
3. On July 29th, 2024 Triforce Contracting Office Lease Renewal was "Voided" And then renewed with a different 'LLC'. I was locked out of the company's office 16510 Nth Florida Ave Lutz, Florida 33549
4. On July 29th, 2024 I was given a cease and desist prohibiting me from using the company name (Triforce Contracting llc).
5. On July 30th, 2024 Triforce Contracting LLC License Holder Daniel Panarella attempted to extort me into giving away my ownership stake in the company. Triforce Contracting LLC.

In WITNESS WHEREOF, the undersigned have executed this statement on this 2 day of January 2025

x Charles J. Siegfried  
seen and signed Charles J. Siegfried

The forgoing was acknowledged and sworn before me this \_\_\_\_ day of \_\_\_\_ by \_\_\_\_\_. He is personally known to me or produced \_\_\_\_\_ as identification.

Notary Public, State of \_\_\_\_\_  
Print Name \_\_\_\_\_  
Commission NO: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## Acknowledgement by Individual

State of Florida

County of **HERNANDO**

The foregoing instrument was acknowledged before me this **2ND** day of  
**JANUARY**, 20 **25**, by means of ☒ physical presence or ☐ online notarization

**CHARLES SIEGFRIED** (name of person acknowledging).

☐ Personally known to me☒ Produced IdentificationType of Identification Produced **FLORIDA DRIVER LICENSE**

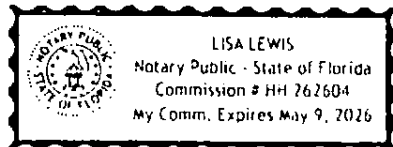
Notary Signature

Notary name (typed or printed) **LISA LEWIS**

Title (e.g., Notary Public)

**NOTARY PUBLIC**

Place Seal Here



## For Bank Purposes Only Description of Attached Document

Type or Title of Document

**STATEMENT OF FACT**

Document Date

**01/02/2025**

Number of Pages

**1**

Signer(s) Other Than Named Above

Account Number (if applicable)



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