## FILE NOW: Fee after May 1, will be \$588.75

LIMITEÓ LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE



	NUAL REPORT		Secreta	Mortham ry of State	Q.	7 APR 11	PM 12: 44	
FILING FE	EE Annual Report \$10		Corporation Supp					
\$ 203.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT #19300000153						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
of Limited	Liability Company	OMENI	#L930000	000153	18. Principal Pla	ce of Business	Aridrass	
TRICOR HOLDINGS, L.C. 1401 BRICKELL AVE					401 BRICKELL AVE			
SUITE 530					\$UITE 530			
MIAMI FL 33131					NIAMI FL 33131			
It above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  2. Principal Place of Business   2a. Mailing Address					3. Date Organized or Qualified   3a. State of Formation			
				05/17/199	93 1	PL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For		
City & State		City & Sta	City & State			65-0437617 Not Applical		
Zip	Country	Zip		Country	5. Date of Last F	Report	6. Certificate of Status Desired	
					04/17/199		SR 75 Additional Fee Hequited	
	7. Name and Address of Curre	nt Registered	Agent	Name	B. Name and Add	ress of New Re	glatered Agent	
SUITE 530 MIAME FI 30131				Suite, Apt. #, et	Sulte, Apt. #, etc.  City Zip Code			
its registered	to the provisions of Sections 608.4 office or registered agent, or both, in agent, and accept the obligations.					ubmits this state		
SIGNATURE	(Registered Agent Accept	ing Appointment) (f	OTF Registered Agent	ignature required when reinstating	ng)	DATE	- BPI, AFT, INFO, INFO	
10. Title	Managing Members/Managers		Business Street Address			City, State and Zip Code		
1EM MA	ARCO, GERALD A	1	401 BRI	CKELL AVE,	STE 530 N	(   IAMI E	C.	
ием си	MMINGS, PAUL M	1	428 BRIG	CKELL AVE #	400 1	IIAMI FI	τ.	
1EM VO	DLSKY, GEORGE	1	428 BRI	CKELL AVE #	400 h	IIAMI FI	<b>L</b>	
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						-04/14 2017	797-501182009 1180009 1180-****203.75	
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	y certify that the information supplied						I further certify that the information haging member or manager of the	

limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.