## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066122

Entity Name: THRIDGE LLC

**Current Principal Place of Business:** 

6923-6931 RIDGE RD.

PORT RICHEY. FL 34668-6847

**Current Mailing Address:** 

2 NELSON P[L

SPRINGFIELD, NJ 07081-2501

FEI Number: 68-0652754 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, THRESIAMMA 6923-6931 RIDGE RD. PORT RICHEY, FL 34668-6847 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Feb 07, 2014

**Secretary of State** 

CC2384584250

Authorized Person(s) Detail:

Title MGRM

Name THOMAS, THRESIAMMA

Address 2 NELSON PL

City-State-Zip: SPRINGFIELD NJ 07081-2501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THRESIAMMA THOMAS

MANAGING MEMBER

02/07/2014