

**2015 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

**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:** THRESIAMMATHOMAS

MANAGING MEMBER

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date