

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129719

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**3382645680CC**

**Entity Name:** TRI-STAR CONSTRUCTION GROUP, LLC

**Current Principal Place of Business:**

307 CRANES ROOST BLVD  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

307 CRANES ROOST BLVD  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 45-3825041

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TOLSON, MICHAEL  
307 CRANES ROOST BLVD  
SUITE 1010  
ALTAMONTE SPRINGS, FL 32701 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 MGR  
Name TOLSON, MICHAEL  
Address 307 CRANES ROOST BLVD  
SUITE 1010  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER  
Name TOLSON, DEBRA J  
Address 307 CRANES ROOST BLVD  
SUITE 1010  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name ADKINS, HAL  
Address 307 CRANES ROOST BLVD  
SUITE 1010  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR  
Name ADKINS, DONNA  
Address 307 CRANES ROOST BLVD  
SUITE 1010  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: MICHAEL TOLSON**

**MANAGER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date