

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160109

Entity Name: TREMRON, LLC**Current Principal Place of Business:**5 CONCOURSE PKWY
SUITE 1900
ATLANTA, GA 30328-6111**Current Mailing Address:**5 CONCOURSE PKWY
SUITE 1900
ATLANTA, GA 30328-6111 US**FEI Number:** 65-0238002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MANAGER
Name JAMES E. WINCHESTER, JR.
Address 5 CONCOURSE PKWY
SUITE 1900
City-State-Zip: ATLANTA GA 30328-6111

Title MANAGER
Name JOHN O. WINCHESTER
Address 5 CONCOURSE PKWY
SUITE 1900
City-State-Zip: ATLANTA GA 30328-6111

Title MANAGER
Name DENNIS C. WINCHESTER
Address 5 CONCOURSE PKWY
SUITE 1900
City-State-Zip: ATLANTA GA 30328-6111

Title MANAGER
Name DAVID T. JONES
Address 5 CONCOURSE PKWY
SUITE 1900
City-State-Zip: ATLANTA GA 30328-6111

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: DAVID T. JONESMANAGER,BY SAVANAH 03/24/2023
STRYDOM, ATTORNEY-
IN-FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date

