

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000070205

Entity Name: TRI EXPORT AND IMPORT LLC**Current Principal Place of Business:**433 FOUNTAINHEAD CIRCLE UNIT 291
KISSIMMEE, FL 34741**Current Mailing Address:**433 FOUNTAINHEAD CIRCLE UNIT 291
KISSIMMEE, FL 34741 US**FEI Number:** 37-1756194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING AND CONSULTING SERVICES
7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819 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:** CAROLINE G LARSON

04/26/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name WANDERLEY B SILVA, INDALECIO
Address 433 FOUNTAINHEAD CIRCLE UNIT 291
City-State-Zip: KISSIMMEE FL 34741

Title AMBR
Name B SILVA, ANA LUCIA
Address SQN 214 BL G AP 513
City-State-Zip: BRASILIA DF 70873--070

Title AMBR
Name B SILVA, JOSIMAR
Address SQN 214 BL G AP 513
City-State-Zip: BRASILIA DF 70873--070

Title AMBR
Name CONCEICAO B SILVA, NANETE
Address SQN 214 BL G AP 513
City-State-Zip: BRASILIA DF 70873--070

Title AMBR
Name DA SILVA, ABSOLON LAURO JR
Address COND MANSOES COLORADO CONJ N CASA 16
City-State-Zip: BRASILIA DF 73105--905

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: INDALECIO WANDERLEY B SILVA

AMBR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date