

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000170671

Entity Name: SO TRIPOST LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD, SUITE 2220
FORT LAUDERDALE, FL 33301

Current Mailing Address:

401 EAST LAS OLAS BLVD, SUITE 2220
FORT LAUDERDALE, FL 33301

FEI Number: 47-1076890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORVITZ, DAVID
401 EAST LAS OLAS BLVD, SUITE 2220
FORT LAUDERDALE, FL 33301 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 PRESIDENT
Name BANNON, TIMOTHY E
Address 401 EAST LAS OLAS BLVD, SUITE
 2220
City-State-Zip: FORT LAUDERDALE FL 33301

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: TIMOTHY E. BANNON

PRESIDENT

03/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date