

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000184092

**Entity Name:** THE TROPHY W/MAN LLC

**Current Principal Place of Business:**

6843 COLLEGE CT  
DAVIE, FL 33317

**Current Mailing Address:**

6843 COLLEGE CT  
DAVIE, FLORIDA 33317 UN

**FEI Number:** 47-2431333

**Certificate of Status Desired:** No

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

BARRAQUE, MARIA E  
6843 COLLEGE CT  
DAVIE, FL 33317 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 BARRAQUE, MARIA E  
Address 6843 COLLEGE CT  
City-State-Zip: DAVIE FLORIDA 33317

*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:** MARIA BARRAQUE

**OWNER**

**04/26/2018**

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

\_\_\_\_\_ Date