

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000002070

Entity Name: TRIDENT PRODUCTS AND SERVICES, LLC**Current Principal Place of Business:**701 LAKEWOOD DR.
PALM HARBOR, FL 34684**Current Mailing Address:**P.O. BOX 857
PALM HARBOR, FL 34682 US**FEI Number:** 54-1860261**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZEMP, ROBERT W. M.
701 LAKEWOOD DR.
PALM HARBOR, FL 34684 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	ZEMP, ROBERT W. M.
Address	701 LAKEWOOD DR.
City-State-Zip:	PALM HARBOR FL 34684

Title	AMBR
Name	ASSOCIATED CHEMICALS AND TECHNOLOGY, INC.
Address	P.O. BOX 857
City-State-Zip:	PALM HARBOR FL 34682

Title	AMBR
Name	MORNING STAR OF CATLETT
Address	272 BRIDGECREEK CIR.
City-State-Zip:	REEDVILLE VA 22539

Title	AMBR
Name	MASON, JOSEPH E
Address	833 LAKE POINT LN.
City-State-Zip:	BELEWS CREEK NC 27009

Title	AMBR
Name	AC FERMENTATION LLC
Address	1848 POINTE PLACE AVE
City-State-Zip:	ATLANTA GA 30338

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: ROBERT W. M. ZEMP**MANAGER****01/14/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date