

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000008640

Entity Name: THREEESTRATEGIES LLC

Current Principal Place of Business:

3204 ALT 19 NORTH
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 502
TARPON SPRINGS, FL 34688 US

FEI Number: 81-1593360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIKLE, ROBIN L
3204 ALT 19 NORTH
PALM HARBOR, FL 34683 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: ROBIN L WIKLE

01/19/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WIKLE, ROBIN L
Address 3204 ALT 19 NORTH
City-State-Zip: PALM HARBOR FL 34683

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: ROBIN L. WIKLE

OWNER

01/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date