

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000012685

**Entity Name:** TIRICORP LLC**Current Principal Place of Business:**2423 DEER CREEK RD  
WESTON, FL 33327**Current Mailing Address:**2423 DEER CREEK RD  
WESTON, FL 33327 US**FEI Number:** 81-1198171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAULT TAX SERVICE CORP  
1414 NW 107TH AVE  
SUITE 100  
MIAMI, FL 33172 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:** DANIEL GALINDO

03/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CONDE, ARMANDO  
Address 2423 DEER CREEK RD  
City-State-Zip: WESTON FL 33327

Title MGR  
Name RUSSIAN, ZULAY  
Address 2423 DEER CREEK RD  
City-State-Zip: WESTON FL 33327

Title MGR  
Name MALARET, FRANK  
Address 2423 DEER CREEK RD  
City-State-Zip: WESTON FL 33327

Title MGR  
Name MALARET, FRANCISCO  
Address 2423 DEER CREEK RD  
City-State-Zip: WESTON FL 33327

Title MGR  
Name MALARET, ADRIANA  
Address 2423 DEER CREEK RD  
City-State-Zip: WESTON FL 33327

*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:** CONDE , ARMANDO

MGR

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date